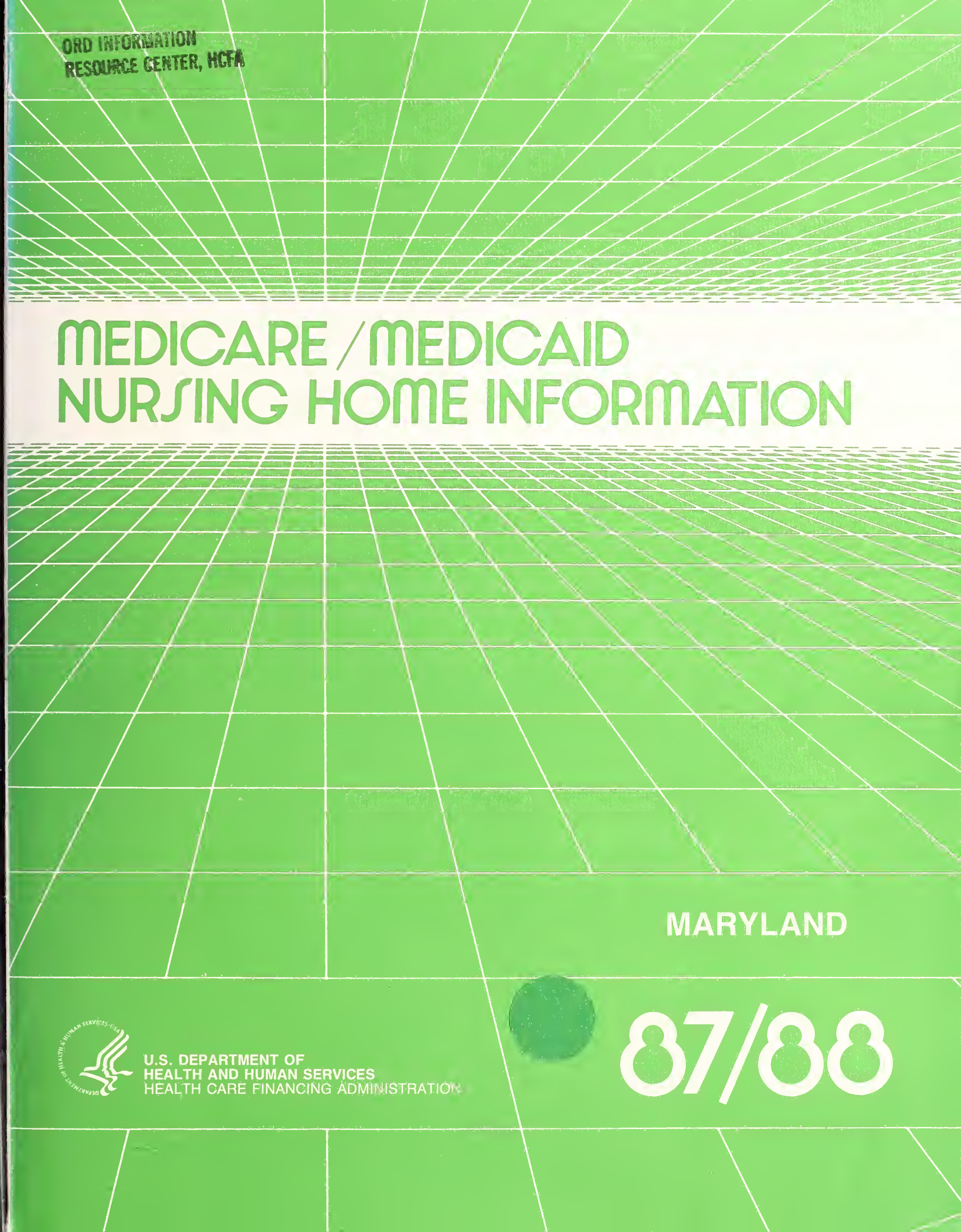
ORD INFORMATION
RESOURCE CENTER, HCFA



MEDICARE / MEDICAID NURSING HOME INFORMATION

MARYLAND

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

RA997
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1988
Maryland

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

MARYLAND

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Secretary
U.S. Department of Health & Human Services

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Administrator
Health Care Financing Administration

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

Table of Contents

Page

Introduction I

Uses and Limitations II

Description of the Survey and Certification Process IV

Sources of Information V

Further Considerations XIII

Glossary of Terms XVI

How to Read the Information XVIII

Nursing Home Profiles 1

DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

State of Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
201 WEST PRESTON STREET • BALTIMORE, MARYLAND 21201 • Area Code 301 • 225-

William Donald Schaefer
Governor

Adele Wilzack, R.N., M.S.
Secretary

May 31, 1988

Description of Maryland
State Licensure and Enforcement Programs

1. Overview of nursing home licensure program

The Office of Licensing and Certification Programs of the Department of Health and Mental Hygiene is responsible for quality-of-care monitoring of licensed nursing facilities in Maryland. This includes licensing, Medicare and Medicaid certification activities, and complaint investigation. In 1987, each nursing facility in the State was visited by our office an average of six times. Federal and State activities are conducted concurrently.

2. Overview of enforcement system

Available State sanctions include:

- a. Delicensure, for failure to meet licensing standards
- b. Ban on admissions, where life-threatening conditions exist
- c. Escrow withholding, where funds are needed to correct problems at the facility,
- d. Receivership, where the licensee is allowing endangering conditions to persist,
- e. Increased staffing mandate, where it is determined that greater numbers of staff are necessary to correct problems identified.

3. Resources available to consumers

a. Licensing agency and survey results:

Office of Licensing and Certification Programs
Department of Health and Mental Hygiene
201 W. Preston Street
Baltimore, MD 21201
(301) 225-5430

b. **Ombudsman Program and Office on Aging:**

Ombudsman Program, Long Term Care Division
Office on Aging
301 W. Preston Street
Baltimore, MD 21201
(301) 225-1083

c. **Complaint Units:**

Office of Licensing and Certification Programs
(301) 225-5479
1-800-492-6005

Medicaid Fraud:

Medicaid Fraud Control Unit
Office of the Attorney General
Calvert & Fayette Streets
Baltimore, MD 21201
(301) 576-6523

Consumer Protection:

Consumer Protection Division
Office of the Attorney General
Calvert & Fayette Streets
Baltimore, MD 21201
(301) 576-6554

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
HILLHAVEN NURSING HOME

Street Address: 3210 POWDER MILL ROAD	**City and State:** ADELPHI MD 20783

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	98.2	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	55	98.2	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	42	75.0	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	64.3	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	75.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	21.4	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	12	21.4	44.8	39.1
Residents requiring restraints.	24	42.9	38.5	31.7
Confused or disoriented residents.	30	53.6	58.7	55.8
Residents with bed sores.	1	1.8	6.2	4.7
Residents receiving special skin care.	1	1.8	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRESIDENTIAL WOODS HLTH CARE CNTR

Street Address: 1801 METZEROTT ROAD

City and State: ADELPHI MD 20783

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 218

Type of Ownership: PROPRIETARY

Survey Date: 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 189

Medicare Residents: 1

Medicaid Residents: 171

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	138	73.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	157	83.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	138	73.0	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	73.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	131	69.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	99	52.4	39.2	37.7
Completely bedfast residents.	15	7.9	3.2	3.4
Residents confined to chairs.	114	60.3	49.8	50.8
Residents requiring restraints.	64	33.9	41.4	41.3
Confused or disoriented residents.	94	49.7	59.3	58.4
Residents with bed sores.	5	2.6	7.5	7.1
Residents receiving special skin care.	29	15.3	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANNAPOLIS NURSING + CONV CENTER

Street Address: 900 VAN BUREN ST	**City and State:** ANNAPOLIS MD 21403

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 1	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	73.9	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	81	92.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	81	92.0	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	86.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	55.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	47.7	39.2	37.7
Completely bedfast residents.	2	2.3	3.2	3.4
Residents confined to chairs.	56	63.6	49.8	50.8
Residents requiring restraints.	27	30.7	41.4	41.3
Confused or disoriented residents.	51	58.0	59.3	58.4
Residents with bed sores.	4	4.5	7.5	7.1
Residents receiving special skin care.	0	0.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAY MANOR NH

Street Address: REVELL HWY	**City and State:** ANNAPOLIS MD 21401

Participation: MEDICAID ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	66.7	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	55	76.4	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	41	56.9	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	100	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	63.9	67.0	59.1
Residents on individually written bowel and bladder retraining program.	2	2.8	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	27.8	38.2	29.3
Completely bedfast residents.	4	5.6	1.5	3.6
Residents confined to chairs.	34	47.2	44.8	39.1
Residents requiring restraints.	0	0.0	38.5	31.7
Confused or disoriented residents.	72	100	58.7	55.8
Residents with bed sores.	7	9.7	6.2	4.7
Residents receiving special skin care.	17	23.6	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALICE MANOR

Street Address: 2095 ROCKROSE AVE	**City and State:** BALTIMORE MD 21211

Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	80.6	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	26	83.9	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	23	74.2	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	83.9	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	67.7	67.0	59.1
Residents on individually written bowel and bladder retraining program.	13	41.9	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	58.1	38.2	29.3
Completely bedfast residents.	2	6.5	1.5	3.6
Residents confined to chairs.	18	58.1	44.8	39.1
Residents requiring restraints.	15	48.4	38.5	31.7
Confused or disoriented residents.	24	77.4	58.7	55.8
Residents with bed sores.	4	12.9	6.2	4.7
Residents receiving special skin care.	7	22.6	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARMACOST NURSING HOME

Street Address: 812 REGESTER AVE	**City and State:** BALTIMORE MD 21239

Participation: MEDICAID ICF	**# of Beds:** 45	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	100	78.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	95.6	81.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	88.9	68.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	84.4	70.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	82.2	67.0	59.1
Residents on individually written bowel and bladder retraining program.	1	2.2	17.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	57.8	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	17	37.8	44.8	39.1
Residents requiring restraints.	6	13.3	38.5	31.7
Confused or disoriented residents.	23	51.1	58.7	55.8
Residents with bed sores.	8	17.8	6.2	4.7
Residents receiving special skin care.	11	24.4	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHBURTON HOUSE

Street Address: 3520 HILTON RD	**City and State:** BALTIMORE MD 21215

Participation: MEDICAID ICF	**# of Beds:** 37	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	100	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	37	100	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	37	100	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	75.7	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	62.2	67.0	59.1
Residents on individually written bowel and bladder retraining program.	9	24.3	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	29.7	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	11	29.7	44.8	39.1
Residents requiring restraints.	12	32.4	38.5	31.7
Confused or disoriented residents.	15	40.5	58.7	55.8
Residents with bed sores.	2	5.4	6.2	4.7
Residents receiving special skin care.	4	10.8	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELAIR CONVALESARIUM

Street Address: 6116 BELAIR RD	**City and State:** BALTIMORE MD 21206

Participation: MEDICAID ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 200	**Medicare Residents:** 0	**Medicaid Residents:** 200

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	0	0.0	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	0	0.0	44.8	39.1
Residents requiring restraints.	0	0.0	38.5	31.7
Confused or disoriented residents.	0	0.0	58.7	55.8
Residents with bed sores.	0	0.0	6.2	4.7
Residents receiving special skin care.	0	0.0	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTON HARBOR NSG CNTR

Street Address: 1300 S ELLWOOD AVE	**City and State:** BALTIMORE MD 21224

Participation: MEDICAID ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	13	72.2	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	13	72.2	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	13	72.2	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	100	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	72.2	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	27.8	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	1	5.6	44.8	39.1
Residents requiring restraints.	6	33.3	38.5	31.7
Confused or disoriented residents.	4	22.2	58.7	55.8
Residents with bed sores.	1	5.6	6.2	4.7
Residents receiving special skin care.	3	16.7	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTURY HOME INC

Street Address: 102 N PACA ST	**City and State:** BALTIMORE MD 21201

Participation: MEDICAID ICF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	97.4	78.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	72	92.3	81.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	72	92.3	68.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	92.3	70.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	92.3	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	38.5	38.2	29.3
Completely bedfast residents.	10	12.8	1.5	3.6
Residents confined to chairs.	68	87.2	44.8	39.1
Residents requiring restraints.	63	80.8	38.5	31.7
Confused or disoriented residents.	52	66.7	58.7	55.8
Residents with bed sores.	6	7.7	6.2	4.7
Residents receiving special skin care.	6	7.7	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY CARE NSG GERI CTR ARUNAH

Street Address: 2914 ARUNAH AVE		**City and State:** BALTIMORE MD 21216	
Participation: MEDICAID ICF	**# of Beds:** 38	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	88.9	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	31	86.1	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	31	86.1	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	80.6	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	88.9	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	61.1	38.2	29.3
Completely bedfast residents.	6	16.7	1.5	3.6
Residents confined to chairs.	15	41.7	44.8	39.1
Residents requiring restraints.	12	33.3	38.5	31.7
Confused or disoriented residents.	32	88.9	58.7	55.8
Residents with bed sores.	3	8.3	6.2	4.7
Residents receiving special skin care.	5	13.9	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRAWFORD RETREAT

Street Address: 2117 DENISON ST	**City and State:** BALTIMORE MD 21216

Participation: MEDICAID ICF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	77.8	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	11	61.1	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	10	55.6	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	61.1	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	66.7	67.0	59.1
Residents on individually written bowel and bladder retraining program.	11	61.1	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	61.1	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	10	55.6	44.8	39.1
Residents requiring restraints.	7	38.9	38.5	31.7
Confused or disoriented residents.	4	22.2	58.7	55.8
Residents with bed sores.	0	0.0	6.2	4.7
Residents receiving special skin care.	0	0.0	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEATON HOSP & MED CTR

Street Address: 611 S CHARLES STREET	**City and State:** BALTIMORE MD 21212

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 320	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	**Medicare Residents:** 50	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	131	95.6	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	135	98.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	132	96.4	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	96.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	126	92.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	94	68.6	39.2	37.7
Completely bedfast residents.	25	18.2	3.2	3.4
Residents confined to chairs.	97	70.8	49.8	50.8
Residents requiring restraints.	0	0.0	41.4	41.3
Confused or disoriented residents.	0	0.0	59.3	58.4
Residents with bed sores.	0	0.0	7.5	7.1
Residents receiving special skin care.	0	0.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DUKELAND NRS CONV CTR

Street Address: 1501 N DUKELAND ST	**City and State:** BALTIMORE MD 21216

Participation: MEDICAID ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	72.6	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	84	88.4	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	70	73.7	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	73.7	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	70.5	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	35	36.8	38.2	29.3
Completely bedfast residents.	5	5.3	1.5	3.6
Residents confined to chairs.	69	72.6	44.8	39.1
Residents requiring restraints.	56	58.9	38.5	31.7
Confused or disoriented residents.	51	53.7	58.7	55.8
Residents with bed sores.	5	5.3	6.2	4.7
Residents receiving special skin care.	15	15.8	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTPOINT NRSG HM

Street Address: 1046 OLD NORTH POINT RD		**City and State:** BALTIMORE MD 21224	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 142	**Medicare Residents:** 4	**Medicaid Residents:** 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	59.2	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	134	94.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	113	79.6	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	73.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	64.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	10	7.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	31.0	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	101	71.1	49.8	50.8
Residents requiring restraints.	76	53.5	41.4	41.3
Confused or disoriented residents.	96	67.6	59.3	58.4
Residents with bed sores.	9	6.3	7.5	7.1
Residents receiving special skin care.	4	2.8	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRMOUNT NRSG CNTR

Street Address: 100 N BROADWAY		**City and State:** BALTIMORE MD 21231	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	1	100	49.8	50.8
Residents requiring restraints.	0	0.0	41.4	41.3
Confused or disoriented residents.	0	0.0	59.3	58.4
Residents with bed sores.	0	0.0	7.5	7.1
Residents receiving special skin care.	0	0.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN COURT NSG CTR

Street Address: 607 PENNSYLVANIA AVE		**City and State:** BALTIMORE MD 21201	
Participation: MEDICAID ICF	**# of Beds:** 122	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	0	117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	64.1	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	104	88.9	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	75	64.1	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	60.7	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	65.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	7	6.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	30	25.6	38.2	29.3
Completely bedfast residents.	1	0.9	1.5	3.6
Residents confined to chairs.	62	53.0	44.8	39.1
Residents requiring restraints.	43	36.8	38.5	31.7
Confused or disoriented residents.	90	76.9	58.7	55.8
Residents with bed sores.	8	6.8	6.2	4.7
Residents receiving special skin care.	36	30.8	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIEDLERS GUEST HOUSE

Street Address: 2449 SHIRLEY AVE	**City and State:** BALTIMORE MD 21215

Participation: MEDICAID ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	58.6	78.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	100	81.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	18	62.1	68.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	79.3	70.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	75.9	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	34.5	38.2	29.3
Completely bedfast residents.	2	6.9	1.5	3.6
Residents confined to chairs.	11	37.9	44.8	39.1
Residents requiring restraints.	9	31.0	38.5	31.7
Confused or disoriented residents.	23	79.3	58.7	55.8
Residents with bed sores.	1	3.4	6.2	4.7
Residents receiving special skin care.	16	55.2	25.1	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARRISON NURSING HOME

Street Address: 2803 GARRISON BLVD		**City and State:** BALTIMORE MD 21216	
Participation: MEDICAID ICF	**# of Beds:** 22	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
21	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	81.0	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	11	52.4	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	13	61.9	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	81.0	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	61.9	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	38.1	38.2	29.3
Completely bedfast residents.	1	4.8	1.5	3.6
Residents confined to chairs.	3	14.3	44.8	39.1
Residents requiring restraints.	3	14.3	38.5	31.7
Confused or disoriented residents.	15	71.4	58.7	55.8
Residents with bed sores.	1	4.8	6.2	4.7
Residents receiving special skin care.	2	9.5	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANADA NURSING HOME

Street Address: 4017 LIBERTY HEIGHTS AVE		**City and State:** BALTIMORE MD 21207	
Participation: MEDICAID ICF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	0	105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	81.3	78.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	88	82.2	81.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	79	73.8	68.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	75.7	70.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	75.7	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	47.7	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	70	65.4	44.8	39.1
Residents requiring restraints.	43	40.2	38.5	31.7
Confused or disoriented residents.	103	96.3	58.7	55.8
Residents with bed sores.	8	7.5	6.2	4.7
Residents receiving special skin care.	11	10.3	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENWOOD ACRES NRSG HM

Street Address: 3706 NORTONIA RD	**City and State:** BALTIMORE MD 21216

Participation: MEDICAID ICF	**# of Beds:** 23	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	100	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	23	100	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	17	73.9	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	73.9	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	65.2	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	47.8	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	9	39.1	44.8	39.1
Residents requiring restraints.	13	56.5	38.5	31.7
Confused or disoriented residents.	0	0.0	58.7	55.8
Residents with bed sores.	4	17.4	6.2	4.7
Residents receiving special skin care.	14	60.9	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARFORD GARDENS CONV CTR

Street Address: 4700 HARFORD RD	**City and State:** BALTIMORE MD 21214

Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	87.5	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	38	67.9	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	45	80.4	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	69.6	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	85.7	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	36	64.3	38.2	29.3
Completely bedfast residents.	1	1.8	1.5	3.6
Residents confined to chairs.	15	26.8	44.8	39.1
Residents requiring restraints.	25	44.6	38.5	31.7
Confused or disoriented residents.	48	85.7	58.7	55.8
Residents with bed sores.	1	1.8	6.2	4.7
Residents receiving special skin care.	2	3.6	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAVEN NURSING HOME

Street Address: 3939 PENHURST AVE	**City and State:** BALTIMORE MD 21215

Participation: MEDICAID ICF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	80.0	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	20	100	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	17	85.0	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	70.0	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	75.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	40.0	38.2	29.3
Completely bedfast residents.	1	5.0	1.5	3.6
Residents confined to chairs.	8	40.0	44.8	39.1
Residents requiring restraints.	6	30.0	38.5	31.7
Confused or disoriented residents.	13	65.0	58.7	55.8
Residents with bed sores.	0	0.0	6.2	4.7
Residents receiving special skin care.	2	10.0	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAYES CARE HOME

Street Address: 3001 GARRISON BLVD		**City and State:** BALTIMORE MD 21216	
Participation: MEDICAID ICF	**# of Beds:** 17	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
13	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	100	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	13	100	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	9	69.2	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	69.2	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	76.9	67.0	59.1
Residents on individually written bowel and bladder retraining program.	4	30.8	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	23.1	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	5	38.5	44.8	39.1
Residents requiring restraints.	3	23.1	38.5	31.7
Confused or disoriented residents.	11	84.6	58.7	55.8
Residents with bed sores.	1	7.7	6.2	4.7
Residents receiving special skin care.	3	23.1	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HURWITZ HOUSE

Street Address: 133 SLADE AVE	**City and State:** BALTIMORE MD 21208

Participation: MEDICAID ICF	**# of Beds:** 23	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	100	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	23	100	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	11	47.8	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	47.8	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	0	0.0	44.8	39.1
Residents requiring restraints.	0	0.0	38.5	31.7
Confused or disoriented residents.	8	34.8	58.7	55.8
Residents with bed sores.	0	0.0	6.2	4.7
Residents receiving special skin care.	1	4.3	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INNS OF EVERGREEN - WEST

Street Address: 333 HARLEM LANE		**City and State:** BALTIMORE MD 21228	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 138	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	86.5	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	96	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	76	79.2	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	60.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	79.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	39.6	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	18	18.8	49.8	50.8
Residents requiring restraints.	44	45.8	41.4	41.3
Confused or disoriented residents.	72	75.0	59.3	58.4
Residents with bed sores.	3	3.1	7.5	7.1
Residents receiving special skin care.	5	5.2	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INNS OF EVERGREEN NORTHEAST

Street Address: 5837 BELAIR RD	**City and State:** BALTIMORE MD 21206

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	90.8	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	95	96.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	75	76.5	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	98.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	72.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	42.9	39.2	37.7
Completely bedfast residents.	4	4.1	3.2	3.4
Residents confined to chairs.	53	54.1	49.8	50.8
Residents requiring restraints.	52	53.1	41.4	41.3
Confused or disoriented residents.	60	61.2	59.3	58.4
Residents with bed sores.	11	11.2	7.5	7.1
Residents receiving special skin care.	47	48.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INNS OF EVERGREEN NORTHWEST

Street Address: 2525 W BELVEDERE AVE		**City and State:** BALTIMORE MD 21215	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 170	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
167	0	164

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	143	85.6	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	141	84.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	101	60.5	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	74.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	113	67.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	60	35.9	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	32.3	39.2	37.7
Completely bedfast residents.	10	6.0	3.2	3.4
Residents confined to chairs.	111	66.5	49.8	50.8
Residents requiring restraints.	63	37.7	41.4	41.3
Confused or disoriented residents.	93	55.7	59.3	58.4
Residents with bed sores.	21	12.6	7.5	7.1
Residents receiving special skin care.	60	35.9	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INNS OF EVERGREEN SOUTH

Street Address: 1213 LIGHT ST	**City and State:** BALTIMORE MD 21230

Participation: MEDICAID ICF	**# of Beds:** 314	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 298	**Medicare Residents:** 0	**Medicaid Residents:** 298

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	235	78.9	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	264	88.6	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	217	72.8	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	210	70.5	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	204	68.5	67.0	59.1
Residents on individually written bowel and bladder retraining program.	26	8.7	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	93	31.2	38.2	29.3
Completely bedfast residents.	9	3.0	1.5	3.6
Residents confined to chairs.	128	43.0	44.8	39.1
Residents requiring restraints.	94	31.5	38.5	31.7
Confused or disoriented residents.	171	57.4	58.7	55.8
Residents with bed sores.	15	5.0	6.2	4.7
Residents receiving special skin care.	43	14.4	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INNS OF EVERGREEN: CENTRAL

Street Address: 140 W LAFAYETTE AVE		**City and State:** BALTIMORE MD 21217	
Participation: MEDICAID ICF	**# of Beds:** 264	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
234	0	230

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	185	79.1	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	220	94.0	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	155	66.2	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	59.0	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	142	60.7	67.0	59.1
Residents on individually written bowel and bladder retraining program.	2	0.9	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	53	22.6	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	139	59.4	44.8	39.1
Residents requiring restraints.	102	43.6	38.5	31.7
Confused or disoriented residents.	85	36.3	58.7	55.8
Residents with bed sores.	19	8.1	6.2	4.7
Residents receiving special skin care.	67	28.6	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JENKINS MEMORIAL HOME

Street Address: 100 S CATON AVE		**City and State:** BALTIMORE MD 21229	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	**Medicare Residents:** 0	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	75.8	81.7	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	74.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	66.1	73.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	79.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	64.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	39.5	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	47	37.9	49.8	50.8
Residents requiring restraints.	40	32.3	41.4	41.3
Confused or disoriented residents.	52	41.9	59.3	58.4
Residents with bed sores.	5	4.0	7.5	7.1
Residents receiving special skin care.	18	14.5	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEWISH CONVALES/SCOTTS LEVEL

Street Address: 7920 SCOTTS LEVEL ROAD	**City and State:** BALTIMORE MD 21208

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 151	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	**Medicare Residents:** 0	**Medicaid Residents:** 125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	74.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	114	78.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	112	76.7	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	91.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	70.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	23.3	39.2	37.7
Completely bedfast residents.	1	0.7	3.2	3.4
Residents confined to chairs.	84	57.5	49.8	50.8
Residents requiring restraints.	71	48.6	41.4	41.3
Confused or disoriented residents.	88	60.3	59.3	58.4
Residents with bed sores.	18	12.3	7.5	7.1
Residents receiving special skin care.	25	17.1	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENESAW NURSING HOME

Street Address: 2601 ROSLYN AVE	**City and State:** BALTIMORE MD 21216

Participation: MEDICAID ICF	**# of Beds:** 27	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	88.9	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	23	85.2	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	16	59.3	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	40.7	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	70.4	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	51.9	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	6	22.2	44.8	39.1
Residents requiring restraints.	13	48.1	38.5	31.7
Confused or disoriented residents.	16	59.3	58.7	55.8
Residents with bed sores.	2	7.4	6.2	4.7
Residents receiving special skin care.	2	7.4	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KESWICK HOME FOR INCURABLES OF BALTO

Street Address: 700 WEST 40TH STREET		**City and State:** BALTIMORE MD 21211	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 216	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
176	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	152	86.4	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	157	89.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	135	76.7	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	171	97.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	129	73.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	35.8	39.2	37.7
Completely bedfast residents.	1	0.6	3.2	3.4
Residents confined to chairs.	101	57.4	49.8	50.8
Residents requiring restraints.	80	45.5	41.4	41.3
Confused or disoriented residents.	94	53.4	59.3	58.4
Residents with bed sores.	10	5.7	7.5	7.1
Residents receiving special skin care.	79	44.9	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KEY CIRCLE HOSPICE

Street Address: 1214 EUTAW PLACE	**City and State:** BALTIMORE MD 21217

Participation: MEDICAID ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 0	**Medicaid Residents:** 120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	120	100	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	110	91.7	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	110	91.7	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	79.2	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	77.5	67.0	59.1
Residents on individually written bowel and bladder retraining program.	10	8.3	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	73	60.8	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	75	62.5	44.8	39.1
Residents requiring restraints.	25	20.8	38.5	31.7
Confused or disoriented residents.	110	91.7	58.7	55.8
Residents with bed sores.	7	5.8	6.2	4.7
Residents receiving special skin care.	40	33.3	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEVINDALE HEBREW GERI CTR+HOSP

Street Address: GREENSPRING+BELVEDERE AVES	**City and State:** BALTIMORE MD 21215

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 230	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 226	**Medicare Residents:** 0	**Medicaid Residents:** 203

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	198	87.6	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	184	81.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	158	69.9	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	65.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	149	65.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	80	35.4	39.2	37.7
Completely bedfast residents.	3	1.3	3.2	3.4
Residents confined to chairs.	93	41.2	49.8	50.8
Residents requiring restraints.	66	29.2	41.4	41.3
Confused or disoriented residents.	132	58.4	59.3	58.4
Residents with bed sores.	27	11.9	7.5	7.1
Residents receiving special skin care.	37	16.4	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLN CONV CENTER

Street Address: 1217 W FAYETTE ST	**City and State:** BALTIMORE MD 21223

Participation: MEDICAID ICF	**# of Beds:** 224	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 220	**Medicare Residents:** 0	**Medicaid Residents:** 218

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	163	74.1	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	169	76.8	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	143	65.0	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	62.7	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	45.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	58	26.4	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	119	54.1	44.8	39.1
Residents requiring restraints.	99	45.0	38.5	31.7
Confused or disoriented residents.	112	50.9	58.7	55.8
Residents with bed sores.	14	6.4	6.2	4.7
Residents receiving special skin care.	55	25.0	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement: "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LITTLE SISTERS OFTHE POOR

Street Address:
601 MAIDEN CHOICE LN

City and State:
BALTIMORE MD 21228

Participation:
MEDICAID ICF

# of Beds:
260

Type of Ownership:
NON-PROFIT RELIGIOUS

Survey Date:
07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
65

Medicare Residents:
0

Medicaid Residents:
65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	93.8	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	57	87.7	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	52	80.0	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	75.4	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	78.5	67.0	59.1
Residents on individually written bowel and bladder retraining program.	34	52.3	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	29.2	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	43	66.2	44.8	39.1
Residents requiring restraints.	30	46.2	38.5	31.7
Confused or disoriented residents.	33	50.8	58.7	55.8
Residents with bed sores.	2	3.1	6.2	4.7
Residents receiving special skin care.	7	10.8	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE ROSSVILLE

Street Address: 6600 RIDGE RD	**City and State:** BALTIMORE MD 21237

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 205	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 187	**Medicare Residents:** 4	**Medicaid Residents:** 108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	158	84.5	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	166	88.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	123	65.8	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	150	80.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	66.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	5	2.7	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	76	40.6	39.2	37.7
Completely bedfast residents.	9	4.8	3.2	3.4
Residents confined to chairs.	99	52.9	49.8	50.8
Residents requiring restraints.	111	59.4	41.4	41.3
Confused or disoriented residents.	73	39.0	59.3	58.4
Residents with bed sores.	11	5.9	7.5	7.1
Residents receiving special skin care.	87	46.5	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARYLAND BAPTIST AGED HOME

Street Address: 2801 RAYNOR AVE		**City and State:** BALTIMORE MD 21216	
Participation: MEDICAID ICF	**# of Beds:** 27	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
27	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	63.0	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	24	88.9	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	23	85.2	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	96.3	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	59.3	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	25.9	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	8	29.6	44.8	39.1
Residents requiring restraints.	3	11.1	38.5	31.7
Confused or disoriented residents.	25	92.6	58.7	55.8
Residents with bed sores.	0	0.0	6.2	4.7
Residents receiving special skin care.	3	11.1	25.1	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MASON F LORD CHRONIC HOSP

Street Address: 4940 EASTERN AVE	**City and State:** BALTIMORE MD 21224

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	178	NON-PROFIT PRIVATE	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
165	3	147

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	133	80.6	81.7	81.5
Dressing				
Residents requiring some or total assistance in dressing.	157	95.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	145	87.9	73.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	89.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	145	87.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	27	16.4	7.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	101	61.2	39.2	37.7
Completely bedfast residents.	6	3.6	3.2	3.4
Residents confined to chairs.	123	74.5	49.8	50.8
Residents requiring restraints.	101	61.2	41.4	41.3
Confused or disoriented residents.	100	60.6	59.3	58.4
Residents with bed sores.	20	12.1	7.5	7.1
Residents receiving special skin care.	88	53.3	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MELCHOR NRS HOME

Street Address: 2327 N CHARLES ST		**City and State:** BALTIMORE MD 21218	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	67.3	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	38	77.6	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	20	40.8	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	42.9	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	46.9	67.0	59.1
Residents on individually written bowel and bladder retraining program.	8	16.3	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	12.2	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	8	16.3	44.8	39.1
Residents requiring restraints.	20	40.8	38.5	31.7
Confused or disoriented residents.	25	51.0	58.7	55.8
Residents with bed sores.	1	2.0	6.2	4.7
Residents receiving special skin care.	11	22.4	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDAN NURSING CENTER - LOCH RAVEN

Street Address: 8720 EMGE ROAD		**City and State:** BALTIMORE MD 21204	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
130	1	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	95.4	81.7	81.5
Dressing				
Residents requiring some or total assistance in dressing.	4	3.1	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	81.5	73.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	82.3	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	112	86.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	5	3.8	7.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	90	69.2	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	47	36.2	49.8	50.8
Residents requiring restraints.	31	23.8	41.4	41.3
Confused or disoriented residents.	116	89.2	59.3	58.4
Residents with bed sores.	15	11.5	7.5	7.1
Residents receiving special skin care.	45	34.6	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSG CTR HAMILTON

Street Address: 6040 HARFORD RD	**City and State:** BALTIMORE MD 21214

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 2	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	83.7	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	91	92.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	57	58.2	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	80.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	56.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	20.4	39.2	37.7
Completely bedfast residents.	4	4.1	3.2	3.4
Residents confined to chairs.	64	65.3	49.8	50.8
Residents requiring restraints.	44	44.9	41.4	41.3
Confused or disoriented residents.	66	67.3	59.3	58.4
Residents with bed sores.	4	4.1	7.5	7.1
Residents receiving special skin care.	3	3.1	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSG CTR HAMMONDS LANE

Street Address: HAMMONDS LANE ROBINSON RD		**City and State:** BALTIMORE MD 21225	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 129	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 1	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	80.5	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	112	91.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	98	79.7	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	87.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	65.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	35.8	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	107	87.0	49.8	50.8
Residents requiring restraints.	82	66.7	41.4	41.3
Confused or disoriented residents.	55	44.7	59.3	58.4
Residents with bed sores.	6	4.9	7.5	7.1
Residents receiving special skin care.	64	52.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSG CTR LONG GREEN

Street Address: 115 E MELROSE AVE	**City and State:** BALTIMORE MD 21212

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 156	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 134	**Medicare Residents:** 1	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	127	94.8	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	131	97.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	111	82.8	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	82.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	82.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	105	78.4	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	28	20.9	49.8	50.8
Residents requiring restraints.	36	26.9	41.4	41.3
Confused or disoriented residents.	84	62.7	59.3	58.4
Residents with bed sores.	10	7.5	7.5	7.1
Residents receiving special skin care.	55	41.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSING CENTER - CROMWELL

Street Address: 8710 EMGE ROAD	**City and State:** BALTIMORE MD 21234

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 173	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 161	**Medicare Residents:** 1	**Medicaid Residents:** 107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	115	71.4	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	140	87.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	138	85.7	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	85.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	132	82.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	67	41.6	39.2	37.7
Completely bedfast residents.	3	1.9	3.2	3.4
Residents confined to chairs.	104	64.6	49.8	50.8
Residents requiring restraints.	58	36.0	41.4	41.3
Confused or disoriented residents.	109	67.7	59.3	58.4
Residents with bed sores.	14	8.7	7.5	7.1
Residents receiving special skin care.	63	39.1	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSING CENTER-HOMEWOOD

Street Address: 6000 BELLONA AVENUE	**City and State:** BALTIMORE MD 21212

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 1	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	98.3	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	118	98.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	104	86.7	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	93.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	87.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	80	66.7	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	43	35.8	49.8	50.8
Residents requiring restraints.	64	53.3	41.4	41.3
Confused or disoriented residents.	74	61.7	59.3	58.4
Residents with bed sores.	12	10.0	7.5	7.1
Residents receiving special skin care.	32	26.7	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSING CTR CATON MANOR

Street Address: 3330 WILKINS AVE		**City and State:** BALTIMORE MD 21229	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 184	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 177	**Medicare Residents:** 4	**Medicaid Residents:** 131

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	134	75.7	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	138	78.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	129	72.9	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	66.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	66.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	3	1.7	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	32.2	39.2	37.7
Completely bedfast residents.	35	19.8	3.2	3.4
Residents confined to chairs.	95	53.7	49.8	50.8
Residents requiring restraints.	83	46.9	41.4	41.3
Confused or disoriented residents.	122	68.9	59.3	58.4
Residents with bed sores.	11	6.2	7.5	7.1
Residents receiving special skin care.	86	48.6	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILFORD MANOR NRSG HM

Street Address: 4204 MILFORD MILL RD	**City and State:** BALTIMORE MD 21208

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	78.5	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	89	95.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	81	87.1	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	78.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	87.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	55.9	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	55	59.1	49.8	50.8
Residents requiring restraints.	18	19.4	41.4	41.3
Confused or disoriented residents.	63	67.7	59.3	58.4
Residents with bed sores.	14	15.1	7.5	7.1
Residents receiving special skin care.	85	91.4	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT VERNON CARE CENTER INC

Street Address: 808 ST PAUL ST	**City and State:** BALTIMORE MD 21202

Participation: MEDICAID ICF	**# of Beds:** 137	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	**Medicare Residents:** 0	**Medicaid Residents:** 120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	79.0	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	110	88.7	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	99	79.8	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	77.4	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	75.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	61	49.2	38.2	29.3
Completely bedfast residents.	1	0.8	1.5	3.6
Residents confined to chairs.	67	54.0	44.8	39.1
Residents requiring restraints.	49	39.5	38.5	31.7
Confused or disoriented residents.	91	73.4	58.7	55.8
Residents with bed sores.	10	8.1	6.2	4.7
Residents receiving special skin care.	18	14.5	25.1	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHWEST NSG + CONV CNTR

Street Address: 4601 PALL MALL RD	**City and State:** BALTIMORE MD 21215

Participation: MEDICAID ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	25.4	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	61	91.0	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	61	91.0	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	91.0	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	91.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	35.8	38.2	29.3
Completely bedfast residents.	1	1.5	1.5	3.6
Residents confined to chairs.	24	35.8	44.8	39.1
Residents requiring restraints.	20	29.9	38.5	31.7
Confused or disoriented residents.	50	74.6	58.7	55.8
Residents with bed sores.	1	1.5	6.2	4.7
Residents receiving special skin care.	1	1.5	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OLD COURT NURS CENTER

Street Address: 5412 OLD COURT RD	**City and State:** BALTIMORE MD 21133

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	**Medicare Residents:** 0	**Medicaid Residents:** 113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	134	99.3	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	134	99.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	134	99.3	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	92.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	132	97.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	15	11.1	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	125	92.6	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	90	66.7	49.8	50.8
Residents requiring restraints.	88	65.2	41.4	41.3
Confused or disoriented residents.	100	74.1	59.3	58.4
Residents with bed sores.	5	3.7	7.5	7.1
Residents receiving special skin care.	60	44.4	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK MANOR NSG HOME

Street Address: 1802 EUTAW PLACE	**City and State:** BALTIMORE MD 21217

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	69.4	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	35	71.4	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	43	87.8	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	59.2	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	87.8	67.0	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	24.5	38.2	29.3
Completely bedfast residents.	1	2.0	1.5	3.6
Residents confined to chairs.	11	22.4	44.8	39.1
Residents requiring restraints.	18	36.7	38.5	31.7
Confused or disoriented residents.	30	61.2	58.7	55.8
Residents with bed sores.	2	4.1	6.2	4.7
Residents receiving special skin care.	2	4.1	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PERRING PARKWAY NURSING HOME

Street Address: 1801 WENTWORTH RD	**City and State:** BALTIMORE MD 21234

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 1	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	100	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	122	99.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	107	87.0	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	95.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	113	91.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	96	78.0	39.2	37.7
Completely bedfast residents.	2	1.6	3.2	3.4
Residents confined to chairs.	105	85.4	49.8	50.8
Residents requiring restraints.	77	62.6	41.4	41.3
Confused or disoriented residents.	112	91.1	59.3	58.4
Residents with bed sores.	12	9.8	7.5	7.1
Residents receiving special skin care.	75	61.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT MANOR NRS CONV CNTR

Street Address: 4615 PARK HEIGHTS AVE		**City and State:** BALTIMORE MD 21215	
Participation: MEDICAID ICF	**# of Beds:** 137	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
136	0	113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	87.5	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	123	90.4	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	100	73.5	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	82.4	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	75.7	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	23.5	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	94	69.1	44.8	39.1
Residents requiring restraints.	80	58.8	38.5	31.7
Confused or disoriented residents.	107	78.7	58.7	55.8
Residents with bed sores.	4	2.9	6.2	4.7
Residents receiving special skin care.	53	39.0	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
POPLAR MANOR NSG HM

Street Address: 3313 POPLAR ST		**City and State:** BALTIMORE MD 21216	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 157	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 145	**Medicare Residents:** 1	**Medicaid Residents:** 139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	80.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	140	96.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	111	76.6	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	75.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	79.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	13	9.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	39.3	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	59	40.7	49.8	50.8
Residents requiring restraints.	59	40.7	41.4	41.3
Confused or disoriented residents.	111	76.6	59.3	58.4
Residents with bed sores.	18	12.4	7.5	7.1
Residents receiving special skin care.	62	42.8	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERVIEW NRS CTR

Street Address: 1 EASTERN BLVD	**City and State:** BALTIMORE MD 21221

Participation: MEDICAID ICF	**# of Beds:** 308	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 286	**Medicare Residents:** 0	**Medicaid Residents:** 211

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	255	89.2	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	257	89.9	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	233	81.5	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	242	84.6	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	224	78.3	67.0	59.1
Residents on individually written bowel and bladder retraining program.	2	0.7	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	235	82.2	38.2	29.3
Completely bedfast residents.	1	0.3	1.5	3.6
Residents confined to chairs.	226	79.0	44.8	39.1
Residents requiring restraints.	118	41.3	38.5	31.7
Confused or disoriented residents.	87	30.4	58.7	55.8
Residents with bed sores.	50	17.5	6.2	4.7
Residents receiving special skin care.	121	42.3	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROLAND PARK PLACE

Street Address: 830 W 40TH ST		**City and State:** BALTIMORE MD 21211	
Participation: MEDICARE SNF	**# of Beds:** 58	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	100	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	23	69.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	21	63.6	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	66.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	54.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	9.1	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	5	15.2	49.8	50.8
Residents requiring restraints.	5	15.2	41.4	41.3
Confused or disoriented residents.	19	57.6	59.3	58.4
Residents with bed sores.	0	0.0	7.5	7.1
Residents receiving special skin care.	0	0.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SETON HILL MANOR

Street Address: 501 W FRANKLIN ST	**City and State:** BALTIMORE MD 21201

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 360	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 349	**Medicare Residents:** 3	**Medicaid Residents:** 334

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	258	73.9	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	292	83.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	229	65.6	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	265	75.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	215	61.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	75	21.5	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	120	34.4	39.2	37.7
Completely bedfast residents.	32	9.2	3.2	3.4
Residents confined to chairs.	85	24.4	49.8	50.8
Residents requiring restraints.	163	46.7	41.4	41.3
Confused or disoriented residents.	309	88.5	59.3	58.4
Residents with bed sores.	25	7.2	7.5	7.1
Residents receiving special skin care.	96	27.5	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST LUKE LUTHERAN HM

Street Address: 7600 CLAYS LANE		**City and State:** BALTIMORE MD 21207	
Participation: MEDICAID ICF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	37.3	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	51	86.4	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	43	72.9	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	86.4	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	72.9	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	23.7	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	27	45.8	44.8	39.1
Residents requiring restraints.	22	37.3	38.5	31.7
Confused or disoriented residents.	41	69.5	58.7	55.8
Residents with bed sores.	4	6.8	6.2	4.7
Residents receiving special skin care.	38	64.4	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNION MEMORIAL EXTND CARE FACLTY

Street Address: 201 E UNIVERSITY PKWY	**City and State:** BALTIMORE MD 21218

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 31	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	100	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	3	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	3	100	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	0	0.0	49.8	50.8
Residents requiring restraints.	0	0.0	41.4	41.3
Confused or disoriented residents.	0	0.0	59.3	58.4
Residents with bed sores.	2	66.7	7.5	7.1
Residents receiving special skin care.	2	66.7	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEL AIR NURSING + CONV CENTER

Street Address: 410 MACPHAIL RD		**City and State:** BEL AIR MD 21014	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 155	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
153	2	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	150	98.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	138	90.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	134	87.6	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	79.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	106	69.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	79	51.6	39.2	37.7
Completely bedfast residents.	10	6.5	3.2	3.4
Residents confined to chairs.	89	58.2	49.8	50.8
Residents requiring restraints.	84	54.9	41.4	41.3
Confused or disoriented residents.	79	51.6	59.3	58.4
Residents with bed sores.	6	3.9	7.5	7.1
Residents receiving special skin care.	80	52.3	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BERLIN NSG HOME

Street Address: US RT 346 AT RT 113		**City and State:** BERLIN MD 21811	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 192	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
153	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	139	90.8	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	135	88.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	116	75.8	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	73.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	75.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	24.2	39.2	37.7
Completely bedfast residents.	1	0.7	3.2	3.4
Residents confined to chairs.	85	55.6	49.8	50.8
Residents requiring restraints.	67	43.8	41.4	41.3
Confused or disoriented residents.	107	69.9	59.3	58.4
Residents with bed sores.	8	5.2	7.5	7.1
Residents receiving special skin care.	38	24.8	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FERNWOOD HOUSE RETIREMENT NURS CTR

Street Address: 6530 DEMOCRACY BLVD		**City and State:** BETHESDA MD 20817	
Participation: MEDICARE SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	85.4	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	87	90.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	69	71.9	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	78.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	65.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	7	7.3	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	34.4	39.2	37.7
Completely bedfast residents.	1	1.0	3.2	3.4
Residents confined to chairs.	71	74.0	49.8	50.8
Residents requiring restraints.	42	43.8	41.4	41.3
Confused or disoriented residents.	66	68.8	59.3	58.4
Residents with bed sores.	4	4.2	7.5	7.1
Residents receiving special skin care.	18	18.8	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAHRNEY KEEDY MEM HOME FOR AGED

Street Address: RT 2	**City and State:** BOONSBORO MD 21713

Participation: MEDICAID ICF	**# of Beds:** 142	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 129	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	51.2	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	75	58.1	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	60	46.5	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	41.1	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	44.2	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	34	26.4	38.2	29.3
Completely bedfast residents.	1	0.8	1.5	3.6
Residents confined to chairs.	40	31.0	44.8	39.1
Residents requiring restraints.	38	29.5	38.5	31.7
Confused or disoriented residents.	52	40.3	58.7	55.8
Residents with bed sores.	7	5.4	6.2	4.7
Residents receiving special skin care.	11	8.5	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REEDERS MEMORIAL NURSING HOME

Street Address: 141 S MAIN ST	**City and State:** BOONSBORO MD 21713

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 147	**Medicare Residents:** 0	**Medicaid Residents:** 103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	135	91.8	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	118	80.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	100	68.0	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	74.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	62.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	21.1	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	49	33.3	49.8	50.8
Residents requiring restraints.	60	40.8	41.4	41.3
Confused or disoriented residents.	47	32.0	59.3	58.4
Residents with bed sores.	9	6.1	7.5	7.1
Residents receiving special skin care.	36	24.5	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VINDABONA NURSING HOME

Street Address: JEFFERSON BLVD		**City and State:** BRADDOCK HEIGHTS MD 21714	
Participation: MEDICAID ICF	**# of Beds:** 63	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	85.5	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	55	88.7	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	49	79.0	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	72.6	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	93.5	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	31	50.0	38.2	29.3
Completely bedfast residents.	2	3.2	1.5	3.6
Residents confined to chairs.	13	21.0	44.8	39.1
Residents requiring restraints.	38	61.3	38.5	31.7
Confused or disoriented residents.	46	74.2	58.7	55.8
Residents with bed sores.	6	9.7	6.2	4.7
Residents receiving special skin care.	44	71.0	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMBRIDGE HOUSE

Street Address: 520 GLENBURN AVENUE

City and State: CAMBRIDGE MD 21613

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 180

Type of Ownership: NON-PROFIT OTHER

Survey Date: 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 180

Medicare Residents: 0

Medicaid Residents: 138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	151	83.9	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	158	87.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	152	84.4	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	82.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	147	81.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	99	55.0	39.2	37.7
Completely bedfast residents.	2	1.1	3.2	3.4
Residents confined to chairs.	118	65.6	49.8	50.8
Residents requiring restraints.	120	66.7	41.4	41.3
Confused or disoriented residents.	131	72.8	59.3	58.4
Residents with bed sores.	12	6.7	7.5	7.1
Residents receiving special skin care.	79	43.9	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLASGOW NURSING HOME

Street Address: 311 GLENBURN AVE	**City and State:** CAMBRIDGE MD 21613

Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	87.5	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	26	81.3	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	27	84.4	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	78.1	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	71.9	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	34.4	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	14	43.8	44.8	39.1
Residents requiring restraints.	15	46.9	38.5	31.7
Confused or disoriented residents.	21	65.6	58.7	55.8
Residents with bed sores.	2	6.3	6.2	4.7
Residents receiving special skin care.	9	28.1	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOREST HAVEN NRSG HM

Street Address: 315 INGLESIDE AVE	**City and State:** CATONSVILLE MD 21228

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 172	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 172	**Medicare Residents:** 0	**Medicaid Residents:** 158

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	131	76.2	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	145	84.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	118	68.6	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	75.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	109	63.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	109	63.4	39.2	37.7
Completely bedfast residents.	2	1.2	3.2	3.4
Residents confined to chairs.	55	32.0	49.8	50.8
Residents requiring restraints.	49	28.5	41.4	41.3
Confused or disoriented residents.	69	40.1	59.3	58.4
Residents with bed sores.	10	5.8	7.5	7.1
Residents receiving special skin care.	26	15.1	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FREDERICK VILLA NRS HOME

Street Address: 711 ACADEMY ROAD		**City and State:** CATONSVILLE MD 21228	
Participation: MEDICAID ICF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
122	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	86.9	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	104	85.2	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	77	63.1	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	94.3	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	69.7	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	36	29.5	38.2	29.3
Completely bedfast residents.	3	2.5	1.5	3.6
Residents confined to chairs.	91	74.6	44.8	39.1
Residents requiring restraints.	64	52.5	38.5	31.7
Confused or disoriented residents.	83	68.0	58.7	55.8
Residents with bed sores.	2	1.6	6.2	4.7
Residents receiving special skin care.	0	0.0	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSG CTR CATONSVILLE

Street Address: 16 FUSTING AVE		**City and State:** CATONSVILLE MD 21228	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
151	5	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	127	84.1	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	143	94.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	129	85.4	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	88.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	77.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	45.7	39.2	37.7
Completely bedfast residents.	1	0.7	3.2	3.4
Residents confined to chairs.	48	31.8	49.8	50.8
Residents requiring restraints.	84	55.6	41.4	41.3
Confused or disoriented residents.	89	58.9	59.3	58.4
Residents with bed sores.	22	14.6	7.5	7.1
Residents receiving special skin care.	40	26.5	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIDGEWAY MANOR + ANNEX

Street Address: 5743 EDMONDSON AVE	**City and State:** CATONSVILLE MD 21228

Participation: MEDICAID ICF	**# of Beds:** 45	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	86.7	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	36	80.0	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	34	75.6	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	66.7	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	71.1	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	24.4	38.2	29.3
Completely bedfast residents.	1	2.2	1.5	3.6
Residents confined to chairs.	13	28.9	44.8	39.1
Residents requiring restraints.	10	22.2	38.5	31.7
Confused or disoriented residents.	33	73.3	58.7	55.8
Residents with bed sores.	5	11.1	6.2	4.7
Residents receiving special skin care.	15	33.3	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPHS NURSING HOME

Street Address: 1221 TUGWELL DR	**City and State:** CATONSVILLE MD 21228

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	95.0	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	32	80.0	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	27	67.5	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	67.5	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	62.5	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	37.5	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	24	60.0	44.8	39.1
Residents requiring restraints.	0	0.0	38.5	31.7
Confused or disoriented residents.	17	42.5	58.7	55.8
Residents with bed sores.	0	0.0	6.2	4.7
Residents receiving special skin care.	12	30.0	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUMMIT NURSING HOME INC

Street Address: 98 SMITHWOOD AVE	**City and State:** CATONSVILLE MD 21228

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 141	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 138	**Medicare Residents:** 2	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	74.6	81.7	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	79.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	72.5	73.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	68.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	51.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	4	2.9	7.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	28.3	39.2	37.7
Completely bedfast residents.	12	8.7	3.2	3.4
Residents confined to chairs.	66	47.8	49.8	50.8
Residents requiring restraints.	43	31.2	41.4	41.3
Confused or disoriented residents.	79	57.2	59.3	58.4
Residents with bed sores.	13	9.4	7.5	7.1
Residents receiving special skin care.	58	42.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TAWES/BLAND BRYANT

Street Address: WADE AVENUE, P.O. BOX 3235	**City and State:** CATONSVILLE MD 21228

Participation: MEDICAID ICF	**# of Beds:** 240	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 223	**Medicare Residents:** 0	**Medicaid Residents:** 215

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	157	70.4	78.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	147	65.9	81.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	111	49.8	68.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	45.3	70.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	115	51.6	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	35.9	38.2	29.3
Completely bedfast residents.	4	1.8	1.5	3.6
Residents confined to chairs.	52	23.3	44.8	39.1
Residents requiring restraints.	22	9.9	38.5	31.7
Confused or disoriented residents.	96	43.0	58.7	55.8
Residents with bed sores.	4	1.8	6.2	4.7
Residents receiving special skin care.	70	31.4	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSG CTR CORSICA HILLS

Street Address: ROUTES 213 305		**City and State:** CENTREVILLE MD 21617	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 177	**Medicare Residents:** 1	**Medicaid Residents:** 132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	154	87.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	136	76.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	117	66.1	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	73.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	58.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	18	10.2	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	31.1	39.2	37.7
Completely bedfast residents.	4	2.3	3.2	3.4
Residents confined to chairs.	93	52.5	49.8	50.8
Residents requiring restraints.	57	32.2	41.4	41.3
Confused or disoriented residents.	81	45.8	59.3	58.4
Residents with bed sores.	10	5.6	7.5	7.1
Residents receiving special skin care.	51	28.8	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHARLOTTE HALL VETERANS HOME

Street Address: ROUTE 2 BOX 5	**City and State:** CHARLOTTE HALL MD 20622

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 252	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 136	**Medicare Residents:** 0	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	75.7	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	101	74.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	88	64.7	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	72.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	58.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	16.9	39.2	37.7
Completely bedfast residents.	1	0.7	3.2	3.4
Residents confined to chairs.	61	44.9	49.8	50.8
Residents requiring restraints.	63	46.3	41.4	41.3
Confused or disoriented residents.	41	30.1	59.3	58.4
Residents with bed sores.	21	15.4	7.5	7.1
Residents receiving special skin care.	84	61.8	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAGNOLIA HALL

Street Address: MORGNEC RD	**City and State:** CHESTERTOWN MD 21620

Participation: MEDICAID ICF	**# of Beds:** 74	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	67	90.5	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	71	95.9	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	63	85.1	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	86.5	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	83.8	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	49	66.2	38.2	29.3
Completely bedfast residents.	6	8.1	1.5	3.6
Residents confined to chairs.	27	36.5	44.8	39.1
Residents requiring restraints.	45	60.8	38.5	31.7
Confused or disoriented residents.	29	39.2	58.7	55.8
Residents with bed sores.	2	2.7	6.2	4.7
Residents receiving special skin care.	9	12.2	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLADYS SPELLMAN NSG CARE CTR

Street Address: 3035 HOSPITAL DR	**City and State:** CHEVERLY MD 20785

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	92.5	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	78	97.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	77	96.2	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	88.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	91.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	50.0	39.2	37.7
Completely bedfast residents.	26	32.5	3.2	3.4
Residents confined to chairs.	39	48.7	49.8	50.8
Residents requiring restraints.	21	26.2	41.4	41.3
Confused or disoriented residents.	49	61.2	59.3	58.4
Residents with bed sores.	11	13.7	7.5	7.1
Residents receiving special skin care.	54	67.5	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHESDA RETIREMENT NURSING CTR

Street Address: 8700 JONES MILL RD	**City and State:** CHEVY CHASE MD 20015

Participation: MEDICARE SNF/ICF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 152	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	92.1	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	133	87.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	107	70.4	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	87.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	108	71.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	36	23.7	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	30.3	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	41	27.0	49.8	50.8
Residents requiring restraints.	76	50.0	41.4	41.3
Confused or disoriented residents.	93	61.2	59.3	58.4
Residents with bed sores.	24	15.8	7.5	7.1
Residents receiving special skin care.	44	28.9	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRADFORD OAKS NSG & RET CTR

Street Address: 7520 SURRATTS ROAD	**City and State:** CLINTON MD 20735

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	70.4	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	81	82.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	62	63.3	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	65.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	58.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	13.3	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	40	40.8	49.8	50.8
Residents requiring restraints.	19	19.4	41.4	41.3
Confused or disoriented residents.	55	56.1	59.3	58.4
Residents with bed sores.	2	2.0	7.5	7.1
Residents receiving special skin care.	0	0.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLINTON CONVALESCENT CENTER

Street Address: 9211 STUART LANE	**City and State:** CLINTON MD 20735

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 275	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 265	**Medicare Residents:** 0	**Medicaid Residents:** 249

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	199	75.1	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	193	72.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	188	70.9	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	208	78.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	187	70.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	2	0.8	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	26.4	39.2	37.7
Completely bedfast residents.	4	1.5	3.2	3.4
Residents confined to chairs.	163	61.5	49.8	50.8
Residents requiring restraints.	124	46.8	41.4	41.3
Confused or disoriented residents.	165	62.3	59.3	58.4
Residents with bed sores.	16	6.0	7.5	7.1
Residents receiving special skin care.	29	10.9	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEVEIW MANOR EXTENDED CARE CNTRS

Street Address: 9106 PINEVIEW LANE	**City and State:** CLINTON MD 20735

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 157	**Medicare Residents:** 0	**Medicaid Residents:** 127

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	70.7	81.7	81.5
Dressing				
Residents requiring some or total assistance in dressing.	119	75.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	115	73.2	73.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	68.2	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	114	72.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	5	3.2	7.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	43.9	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	93	59.2	49.8	50.8
Residents requiring restraints.	57	36.3	41.4	41.3
Confused or disoriented residents.	110	70.1	59.3	58.4
Residents with bed sores.	14	8.9	7.5	7.1
Residents receiving special skin care.	70	44.6	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROADMEAD

Street Address: 13801 YORK RD	**City and State:** COCKEYSVILLE MD 21030

Participation: MEDICARE SNF	**# of Beds:** 103	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	92.1	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	59	93.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	49	77.8	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	69.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	81.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	39.7	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	18	28.6	49.8	50.8
Residents requiring restraints.	21	33.3	41.4	41.3
Confused or disoriented residents.	47	74.6	59.3	58.4
Residents with bed sores.	3	4.8	7.5	7.1
Residents receiving special skin care.	35	55.6	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LORIEN NRSG CONV HM

Street Address: 6334 CEDAR LANE	**City and State:** COLUMBIA MD 21043

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 247	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 230	**Medicare Residents:** 9	**Medicaid Residents:** 137

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	205	89.1	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	216	93.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	198	86.1	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	198	86.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	188	81.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	10	4.3	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	152	66.1	39.2	37.7
Completely bedfast residents.	20	8.7	3.2	3.4
Residents confined to chairs.	170	73.9	49.8	50.8
Residents requiring restraints.	138	60.0	41.4	41.3
Confused or disoriented residents.	178	77.4	59.3	58.4
Residents with bed sores.	17	7.4	7.5	7.1
Residents receiving special skin care.	31	13.5	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALICE BYRD TAWES NRSG HM

Street Address: 201 HALL HGWY	**City and State:** CRISFIELD MD 21817

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 64	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	84.4	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	53	82.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	47	73.4	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	81.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	67.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	3	4.7	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	32.8	39.2	37.7
Completely bedfast residents.	3	4.7	3.2	3.4
Residents confined to chairs.	3	4.7	49.8	50.8
Residents requiring restraints.	24	37.5	41.4	41.3
Confused or disoriented residents.	36	56.3	59.3	58.4
Residents with bed sores.	7	10.9	7.5	7.1
Residents receiving special skin care.	0	0.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CROFTON CONVAL CTR

Street Address: 2131 DAVIDSONVILLE RD		**City and State:** CROFTON MD 21114	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 134	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
134	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	88.8	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	118	88.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	98	73.1	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	70.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	73.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings o [illegible] assistance with eating.	55	41.0	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	75	56.0	49.8	50.8
Residents requiring restraints.	56	41.8	41.4	41.3
Confused or disoriented residents.	96	71.6	59.3	58.4
Residents with bed sores.	4	3.0	7.5	7.1
Residents receiving special skin care.	23	17.2	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALLEGANY CO INFIRMARY

Street Address: FURNACE ST PO BOX 599		**City and State:** CUMBERLAND MD 21502	
Participation: MEDICAID ICF	**# of Beds:** 153	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
153	0	137

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	70.6	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	146	95.4	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	128	83.7	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	83.7	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	128	83.7	67.0	59.1
Residents on individually written bowel and bladder retraining program.	3	2.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	67	43.8	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	126	82.4	44.8	39.1
Residents requiring restraints.	86	56.2	38.5	31.7
Confused or disoriented residents.	89	58.2	58.7	55.8
Residents with bed sores.	16	10.5	6.2	4.7
Residents receiving special skin care.	21	13.7	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CUMBERLAND VILLA NURSING CTR

Street Address: 512 WINIFRED RD	**City and State:** CUMBERLAND MD 21502

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 135	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 128	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	79.7	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	119	93.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	101	78.9	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	80.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	70.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	68	53.1	39.2	37.7
Completely bedfast residents.	1	0.8	3.2	3.4
Residents confined to chairs.	53	41.4	49.8	50.8
Residents requiring restraints.	36	28.1	41.4	41.3
Confused or disoriented residents.	59	46.1	59.3	58.4
Residents with bed sores.	6	4.7	7.5	7.1
Residents receiving special skin care.	20	15.6	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIONS MANOR NURSING HOME

Street Address: SETON DR	**City and State:** CUMBERLAND MD 21502

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 1	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	80.8	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	88	88.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	77	77.8	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	84.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	81.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	52.5	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	76	76.8	49.8	50.8
Residents requiring restraints.	66	66.7	41.4	41.3
Confused or disoriented residents.	59	59.6	59.3	58.4
Residents with bed sores.	5	5.1	7.5	7.1
Residents receiving special skin care.	24	24.2	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAROLINE NURSING HOME

Street Address: ROUTE 404	**City and State:** DENTON MD 21629

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	94.7	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	67	88.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	58	76.3	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	71.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	63.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	46.1	39.2	37.7
Completely bedfast residents.	1	1.3	3.2	3.4
Residents confined to chairs.	31	40.8	49.8	50.8
Residents requiring restraints.	37	48.7	41.4	41.3
Confused or disoriented residents.	42	55.3	59.3	58.4
Residents with bed sores.	1	1.3	7.5	7.1
Residents receiving special skin care.	10	13.2	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESLEYAN HEALTH CARE CENTER

Street Address: PO BOX 464	**City and State:** DENTON MD 21629

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	95.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	92	77.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	72	60.5	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	62.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	52.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	6	5.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	20.2	39.2	37.7
Completely bedfast residents.	6	5.0	3.2	3.4
Residents confined to chairs.	12	10.1	49.8	50.8
Residents requiring restraints.	61	51.3	41.4	41.3
Confused or disoriented residents.	72	60.5	59.3	58.4
Residents with bed sores.	4	3.4	7.5	7.1
Residents receiving special skin care.	12	10.1	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSG CTR HERITAGE

Street Address: 7232 GERMAN HILL ROAD		**City and State:** DUNDALK MD 21222	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 181	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
178	1	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	146	82.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	164	92.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	128	71.9	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	65.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	106	59.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	32	18.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	34.8	39.2	37.7
Completely bedfast residents.	8	4.5	3.2	3.4
Residents confined to chairs.	98	55.1	49.8	50.8
Residents requiring restraints.	58	32.6	41.4	41.3
Confused or disoriented residents.	122	68.5	59.3	58.4
Residents with bed sores.	19	10.7	7.5	7.1
Residents receiving special skin care.	88	49.4	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEMORIAL HOSP AT EASTON

Street Address: SOUTH WASHINGTON ST	**City and State:** EASTON MD 21601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 205	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	84.8	81.7	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	90.9	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	87.9	73.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	69.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	84.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	81.8	39.2	37.7
Completely bedfast residents.	1	3.0	3.2	3.4
Residents confined to chairs.	19	57.6	49.8	50.8
Residents requiring restraints.	7	21.2	41.4	41.3
Confused or disoriented residents.	18	54.5	59.3	58.4
Residents with bed sores.	3	9.1	7.5	7.1
Residents receiving special skin care.	10	30.3	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSG CTR THE PINES

Street Address: ROUTE 50 DUTCHMAN S LANE	**City and State:** EASTON MD 21601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 213	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 198	**Medicare Residents:** 0	**Medicaid Residents:** 128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	143	72.2	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	150	75.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	126	63.6	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	62.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	62.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	17.2	39.2	37.7
Completely bedfast residents.	1	0.5	3.2	3.4
Residents confined to chairs.	84	42.4	49.8	50.8
Residents requiring restraints.	90	45.5	41.4	41.3
Confused or disoriented residents.	120	60.6	59.3	58.4
Residents with bed sores.	71	35.9	7.5	7.1
Residents receiving special skin care.	43	21.7	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLIAM HILL MANOR

Street Address: 501 DUTCHMAN'S LANE	**City and State:** EASTON MD 21601

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	140	PROPRIETARY	09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
51	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	68.6	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	37	72.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	33	64.7	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	86.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	8	15.7	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	100	39.2	37.7
Completely bedfast residents.	20	39.2	3.2	3.4
Residents confined to chairs.	21	41.2	49.8	50.8
Residents requiring restraints.	33	64.7	41.4	41.3
Confused or disoriented residents.	1	2.0	59.3	58.4
Residents with bed sores.	24	47.1	7.5	7.1
Residents receiving special skin care.	0	0.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT LIVING CONV CTR

Street Address: 144 WASHINGTON ROAD		**City and State:** EDGEWATER MD 21037	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 2	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	74.2	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	106	88.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	99	82.5	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	99.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	75.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	45.8	39.2	37.7
Completely bedfast residents.	2	1.7	3.2	3.4
Residents confined to chairs.	72	60.0	49.8	50.8
Residents requiring restraints.	44	36.7	41.4	41.3
Confused or disoriented residents.	61	50.8	59.3	58.4
Residents with bed sores.	7	5.8	7.5	7.1
Residents receiving special skin care.	10	8.3	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEVINE HAVEN CONV HOME

Street Address: 224 E MAIN ST	**City and State:** ELKTON MD 21921

Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	85.4	78.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	75.6	81.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	70.7	68.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	68.3	70.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	63.4	67.0	59.1
Residents on individually written bowel and bladder retraining program.	41	100	17.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	36.6	38.2	29.3
Completely bedfast residents.	5	12.2	1.5	3.6
Residents confined to chairs.	9	22.0	44.8	39.1
Residents requiring restraints.	17	41.5	38.5	31.7
Confused or disoriented residents.	17	41.5	58.7	55.8
Residents with bed sores.	3	7.3	6.2	4.7
Residents receiving special skin care.	11	26.8	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAURELWOOD NRS CTR

Street Address: 100 LAUREL DR		**City and State:** ELKTON MD 21921	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
127	2	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	81.9	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	109	85.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	93	73.2	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	73.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	59.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	54.3	39.2	37.7
Completely bedfast residents.	13	10.2	3.2	3.4
Residents confined to chairs.	55	43.3	49.8	50.8
Residents requiring restraints.	58	45.7	41.4	41.3
Confused or disoriented residents.	97	76.4	59.3	58.4
Residents with bed sores.	5	3.9	7.5	7.1
Residents receiving special skin care.	5	3.9	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BON SECOURS EXTENDED CARE FACILITY

Street Address: 3000 HEALTH PARK DRIVE		**City and State:** ELLICOTT CITY MD 21043	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.9	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	78	83.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	67	72.0	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	82.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	74.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	37	39.8	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	35.5	39.2	37.7
Completely bedfast residents.	2	2.2	3.2	3.4
Residents confined to chairs.	40	43.0	49.8	50.8
Residents requiring restraints.	27	29.0	41.4	41.3
Confused or disoriented residents.	33	35.5	59.3	58.4
Residents with bed sores.	10	10.8	7.5	7.1
Residents receiving special skin care.	35	37.6	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGENCY HEALTH SERVICES INC

Street Address: 7420 MARLBORO PIKE	**City and State:** FORESTVILLE MD 20028

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 152	**Medicare Residents:** 1	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	143	94.1	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	150	98.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	147	96.7	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	96.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	75.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	5	3.3	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	64	42.1	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	117	77.0	49.8	50.8
Residents requiring restraints.	117	77.0	41.4	41.3
Confused or disoriented residents.	120	78.9	59.3	58.4
Residents with bed sores.	13	8.6	7.5	7.1
Residents receiving special skin care.	13	8.6	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FORT WASHINGTON REHAB CENTER

Street Address: 12021 LIVINGSTON ROAD	**City and State:** FORT WASHINGTON MD 20744

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 2	**Medicaid Residents:** 113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	67.4	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	111	77.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	93	64.6	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	77.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	66.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	4	2.8	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	43.8	39.2	37.7
Completely bedfast residents.	5	3.5	3.2	3.4
Residents confined to chairs.	84	58.3	49.8	50.8
Residents requiring restraints.	51	35.4	41.4	41.3
Confused or disoriented residents.	80	55.6	59.3	58.4
Residents with bed sores.	16	11.1	7.5	7.1
Residents receiving special skin care.	15	10.4	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CITIZENS NH OF FREDERICK CO

Street Address: 2200 ROSEMONT AVENUE	**City and State:** FREDERICK MD 21701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 170	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 170	**Medicare Residents:** 0	**Medicaid Residents:** 132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	82.4	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	142	83.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	118	69.4	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	73.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	68.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	29.4	39.2	37.7
Completely bedfast residents.	5	2.9	3.2	3.4
Residents confined to chairs.	89	52.4	49.8	50.8
Residents requiring restraints.	1	0.6	41.4	41.3
Confused or disoriented residents.	94	55.3	59.3	58.4
Residents with bed sores.	9	5.3	7.5	7.1
Residents receiving special skin care.	35	20.6	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMEWOOD RETIREMENT CTR

Street Address: 31 W PATRICK ST	**City and State:** FREDERICK MD 21701

Participation: MEDICAID ICF	**# of Beds:** 160	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	83.5	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	88	85.4	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	82	79.6	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	95.1	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	85.4	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	34	33.0	38.2	29.3
Completely bedfast residents.	2	1.9	1.5	3.6
Residents confined to chairs.	65	63.1	44.8	39.1
Residents requiring restraints.	55	53.4	38.5	31.7
Confused or disoriented residents.	69	67.0	58.7	55.8
Residents with bed sores.	3	2.9	6.2	4.7
Residents receiving special skin care.	80	77.7	25.1	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSG CTR FREDERICK

Street Address: 400 NORTH AVE	**City and State:** FREDERICK MD 21701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 149	**Medicare Residents:** 2	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	115	77.2	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	129	86.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	114	76.5	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	64.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	70.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	19	12.8	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	38.3	39.2	37.7
Completely bedfast residents.	7	4.7	3.2	3.4
Residents confined to chairs.	33	22.1	49.8	50.8
Residents requiring restraints.	64	43.0	41.4	41.3
Confused or disoriented residents.	82	55.0	59.3	58.4
Residents with bed sores.	15	10.1	7.5	7.1
Residents receiving special skin care.	64	43.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHAMPTON MANOR

Street Address: 200 E 16TH ST	**City and State:** FREDERICK MD 21701

Participation: MEDICAID ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	95.2	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	84	80.0	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	71	67.6	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	58.1	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	60.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	22.9	38.2	29.3
Completely bedfast residents.	3	2.9	1.5	3.6
Residents confined to chairs.	66	62.9	44.8	39.1
Residents requiring restraints.	42	40.0	38.5	31.7
Confused or disoriented residents.	87	82.9	58.7	55.8
Residents with bed sores.	6	5.7	6.2	4.7
Residents receiving special skin care.	37	35.2	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FROSTBURG VILLAGE OF ALLEGANY COUNTY

Street Address: ONE KAYLOR CIRCLE	**City and State:** FROSTBURG MD 21532

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 170	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 166	**Medicare Residents:** 4	**Medicaid Residents:** 122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	127	76.5	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	146	88.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	130	78.3	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	77.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	119	71.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	72	43.4	39.2	37.7
Completely bedfast residents.	1	0.6	3.2	3.4
Residents confined to chairs.	84	50.6	49.8	50.8
Residents requiring restraints.	82	49.4	41.4	41.3
Confused or disoriented residents.	92	55.4	59.3	58.4
Residents with bed sores.	10	6.0	7.5	7.1
Residents receiving special skin care.	46	27.7	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERMAN M WILSON HLTH CNTR

Street Address: 301 RUSSELL AVE	**City and State:** GAITHERSBURG MD 20760

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 285	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 278	**Medicare Residents:** 0	**Medicaid Residents:** 163

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	226	81.3	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	202	72.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	186	66.9	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	194	69.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	181	65.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	22	7.9	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	95	34.2	39.2	37.7
Completely bedfast residents.	1	0.4	3.2	3.4
Residents confined to chairs.	145	52.2	49.8	50.8
Residents requiring restraints.	99	35.6	41.4	41.3
Confused or disoriented residents.	168	60.4	59.3	58.4
Residents with bed sores.	9	3.2	7.5	7.1
Residents receiving special skin care.	8	2.9	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARRISON VALLEY CTR INC

Street Address: REISTERTOWN GREENSPRING RDS	**City and State:** GARRISON MD 21055

Participation: MEDICAID ICF	**# of Beds:** 76	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	88.2	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	68	89.5	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	50	65.8	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	93.4	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	48.7	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	44	57.9	38.2	29.3
Completely bedfast residents.	1	1.3	1.5	3.6
Residents confined to chairs.	24	31.6	44.8	39.1
Residents requiring restraints.	28	36.8	38.5	31.7
Confused or disoriented residents.	48	63.2	58.7	55.8
Residents with bed sores.	2	2.6	6.2	4.7
Residents receiving special skin care.	7	9.2	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARUNDEL GERI NSG CNTR INC

Street Address: 7355 FURNACE BRANCH RD E		**City and State:** GLEN BURNIE MD 21061	
Participation: MEDICAID ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	67.9	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	53	67.9	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	40	51.3	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	51.3	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	66.7	67.0	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	30.8	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	22	28.2	44.8	39.1
Residents requiring restraints.	15	19.2	38.5	31.7
Confused or disoriented residents.	23	29.5	58.7	55.8
Residents with bed sores.	4	5.1	6.2	4.7
Residents receiving special skin care.	4	5.1	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARYLAND MANOR CONVALESCENT CENTER

Street Address: 7575 E HOWARD ROAD	**City and State:** GLEN BURNIE MD 21061

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 1	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	83.5	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	78	85.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	72	79.1	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	78.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	74.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	38.5	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	39	42.9	49.8	50.8
Residents requiring restraints.	59	64.8	41.4	41.3
Confused or disoriented residents.	57	62.6	59.3	58.4
Residents with bed sores.	9	9.9	7.5	7.1
Residents receiving special skin care.	91	100	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement: "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH ARUNDEL NRSG CONV CTR

Street Address: 313 HOSPITAL DR		**City and State:** GLEN BURNIE MD 21061	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
101	2	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	95.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	84	83.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	95	94.1	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	94.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	79.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	53	52.5	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	62.4	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	47	46.5	49.8	50.8
Residents requiring restraints.	55	54.5	41.4	41.3
Confused or disoriented residents.	62	61.4	59.3	58.4
Residents with bed sores.	10	9.9	7.5	7.1
Residents receiving special skin care.	64	63.4	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOODWILL MENNONITE HOME

Street Address: DORSEY HOTEL ROAD		**City and State:** GRANTSVILLE MD 21536	
Participation: MEDICAID ICF	**# of Beds:** 81	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	89.9	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	72	91.1	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	61	77.2	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	79.7	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	74.7	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	37	46.8	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	37	46.8	44.8	39.1
Residents requiring restraints.	33	41.8	38.5	31.7
Confused or disoriented residents.	56	70.9	58.7	55.8
Residents with bed sores.	2	2.5	6.2	4.7
Residents receiving special skin care.	2	2.5	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENBELT NURSING CENTER

Street Address: 7010 GREENBELT RD	**City and State:** GREENBELT MD 20770

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 132	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 126	**Medicare Residents:** 3	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	80.2	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	96	76.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	95	75.4	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	76.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	60.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	7	5.6	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	17.5	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	44	34.9	49.8	50.8
Residents requiring restraints.	45	35.7	41.4	41.3
Confused or disoriented residents.	58	46.0	59.3	58.4
Residents with bed sores.	6	4.8	7.5	7.1
Residents receiving special skin care.	22	17.5	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AVALON MANOR

Street Address: ROUTE 6 MARSH PIKE & EDEN RD	**City and State:** HAGERSTOWN MD 21740

Participation: MEDICAID ICF	**# of Beds:** 221	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 214	**Medicare Residents:** 0	**Medicaid Residents:** 214

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	160	74.8	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	180	84.1	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	141	65.9	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	173	80.8	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	149	69.6	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	63	29.4	38.2	29.3
Completely bedfast residents.	2	0.9	1.5	3.6
Residents confined to chairs.	110	51.4	44.8	39.1
Residents requiring restraints.	96	44.9	38.5	31.7
Confused or disoriented residents.	117	54.7	58.7	55.8
Residents with bed sores.	13	6.1	6.2	4.7
Residents receiving special skin care.	55	25.7	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLEARVIEW NURSING HOME INC

Street Address: ROUTE 632 DOWNSVILLE PIKE		**City and State:** HAGERSTOWN MD 21740	
Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	95.8	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	46	95.8	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	46	95.8	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	95.8	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	95.8	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	50.0	38.2	29.3
Completely bedfast residents.	1	2.1	1.5	3.6
Residents confined to chairs.	28	58.3	44.8	39.1
Residents requiring restraints.	36	75.0	38.5	31.7
Confused or disoriented residents.	42	87.5	58.7	55.8
Residents with bed sores.	13	27.1	6.2	4.7
Residents receiving special skin care.	16	33.3	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COFFMAN HOME FOR AGING

Street Address: 1304 PENNSYLVANIA AVE		**City and State:** HAGERSTOWN MD 21740	
Participation: MEDICAID ICF	**# of Beds:** 51	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
51	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	100	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	49	96.1	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	29	56.9	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	52.9	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	51.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	25.5	38.2	29.3
Completely bedfast residents.	1	2.0	1.5	3.6
Residents confined to chairs.	18	35.3	44.8	39.1
Residents requiring restraints.	15	29.4	38.5	31.7
Confused or disoriented residents.	45	88.2	58.7	55.8
Residents with bed sores.	2	3.9	6.2	4.7
Residents receiving special skin care.	11	21.6	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLTON VILLA NRS CTR

Street Address: 750 DUAL HIGHWAY		**City and State:** HAGERSTOWN MD 21740	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
158	0	126

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	84.2	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	116	73.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	106	67.1	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	67.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	55.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	30.4	39.2	37.7
Completely bedfast residents.	27	17.1	3.2	3.4
Residents confined to chairs.	43	27.2	49.8	50.8
Residents requiring restraints.	65	41.1	41.4	41.3
Confused or disoriented residents.	99	62.7	59.3	58.4
Residents with bed sores.	17	10.8	7.5	7.1
Residents receiving special skin care.	35	22.2	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARLOCK MEM CONV HOME

Street Address: 241 S PROSPECT ST	**City and State:** HAGERSTOWN MD 21740

Participation: MEDICAID ICF	**# of Beds:** 37	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	86.5	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	28	75.7	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	27	73.0	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	97.3	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	67.6	67.0	59.1
Residents on individually written bowel and bladder retraining program.	1	2.7	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	48.6	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	13	35.1	44.8	39.1
Residents requiring restraints.	18	48.6	38.5	31.7
Confused or disoriented residents.	24	64.9	58.7	55.8
Residents with bed sores.	11	29.7	6.2	4.7
Residents receiving special skin care.	19	51.4	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RAVENWOOD LUTHERAN VILLAGE

Street Address: 1183 LUTHER DR	**City and State:** HAGERSTOWN MD 21740

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 86	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	100	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	74	86.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	60	69.8	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	61.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	75.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	36.0	39.2	37.7
Completely bedfast residents.	2	2.3	3.2	3.4
Residents confined to chairs.	49	57.0	49.8	50.8
Residents requiring restraints.	21	24.4	41.4	41.3
Confused or disoriented residents.	65	75.6	59.3	58.4
Residents with bed sores.	0	0.0	7.5	7.1
Residents receiving special skin care.	86	100	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WASHINGTON CO HOSP EXT CARE FAC

Street Address: 251 E ANTIETAM ST	**City and State:** HAGERSTOWN MD 21740

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 23	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 2	**Medicare Residents:** 2	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	2	100	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	2	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	2	100	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	2	100	49.8	50.8
Residents requiring restraints.	0	0.0	41.4	41.3
Confused or disoriented residents.	0	0.0	59.3	58.4
Residents with bed sores.	1	50.0	7.5	7.1
Residents receiving special skin care.	1	50.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTERN MARYLAND CTR COMP CARE

Street Address: 1500 PENNSYLVANIA AVE	**City and State:** HAGERSTOWN MD 21740

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	83.3	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	36	85.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	35	83.3	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	81.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	81.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	40.5	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	34	81.0	49.8	50.8
Residents requiring restraints.	31	73.8	41.4	41.3
Confused or disoriented residents.	12	28.6	59.3	58.4
Residents with bed sores.	0	0.0	7.5	7.1
Residents receiving special skin care.	11	26.2	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BREVIN NURSING HOME

Street Address: 421 S UNION AVE	**City and State:** HAVRE DE GRACE MD 21078

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	92.1	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	31	81.6	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	30	78.9	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	84.2	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	73.7	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	23.7	38.2	29.3
Completely bedfast residents.	6	15.8	1.5	3.6
Residents confined to chairs.	14	36.8	44.8	39.1
Residents requiring restraints.	2	5.3	38.5	31.7
Confused or disoriented residents.	15	39.5	58.7	55.8
Residents with bed sores.	4	10.5	6.2	4.7
Residents receiving special skin care.	14	36.8	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CITIZENS NURSING HOME OF HARFORD CO

Street Address: 415 S MARKET ST		**City and State:** HAVRE DE GRACE MD 21078	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
200	2	154

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	158	79.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	170	85.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	141	70.5	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	77.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	134	67.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	86	43.0	39.2	37.7
Completely bedfast residents.	6	3.0	3.2	3.4
Residents confined to chairs.	105	52.5	49.8	50.8
Residents requiring restraints.	68	34.0	41.4	41.3
Confused or disoriented residents.	106	53.0	59.3	58.4
Residents with bed sores.	1	0.5	7.5	7.1
Residents receiving special skin care.	143	71.5	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARROLL MANOR

Street Address: 4922 LASALLE ROAD	**City and State:** HYATTSVILLE MD 20782

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 215	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 215	**Medicare Residents:** 3	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	178	82.8	81.7	81.5
Dressing				
Residents requiring some or total assistance in dressing.	190	88.4	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	159	74.0	73.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	60.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	128	59.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	2	0.9	7.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	91	42.3	39.2	37.7
Completely bedfast residents.	15	7.0	3.2	3.4
Residents confined to chairs.	73	34.0	49.8	50.8
Residents requiring restraints.	57	26.5	41.4	41.3
Confused or disoriented residents.	168	78.1	59.3	58.4
Residents with bed sores.	13	6.0	7.5	7.1
Residents receiving special skin care.	58	27.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HYATTSVILLE MANOR

Street Address: 6500 RIGGS RD		**City and State:** HYATTSVILLE MD 20780	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 151	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
148	0	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	94.6	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	123	83.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	120	81.1	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	81.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	78.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	6	4.1	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	88	59.5	39.2	37.7
Completely bedfast residents.	5	3.4	3.2	3.4
Residents confined to chairs.	86	58.1	49.8	50.8
Residents requiring restraints.	56	37.8	41.4	41.3
Confused or disoriented residents.	66	44.6	59.3	58.4
Residents with bed sores.	5	3.4	7.5	7.1
Residents receiving special skin care.	25	16.9	31.9	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MADISON MANOR NURSING HOME

Street Address: 5801 42ND AVE	**City and State:** HYATTSVILLE MD 20781

Participation: MEDICAID ICF	**# of Beds:** 27	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	100	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	25	100	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	13	52.0	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	44.0	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	72.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	68.0	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	10	40.0	44.8	39.1
Residents requiring restraints.	5	20.0	38.5	31.7
Confused or disoriented residents.	18	72.0	58.7	55.8
Residents with bed sores.	1	4.0	6.2	4.7
Residents receiving special skin care.	5	20.0	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SACRED HEART HOME

Street Address: 5805 QUEENS CHAPEL RD	**City and State:** HYATTSVILLE MD 20782

Participation: MEDICAID ICF	**# of Beds:** 102	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	85.0	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	84	84.0	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	70	70.0	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	75.0	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	64.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	100	100	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	48	48.0	38.2	29.3
Completely bedfast residents.	1	1.0	1.5	3.6
Residents confined to chairs.	60	60.0	44.8	39.1
Residents requiring restraints.	47	47.0	38.5	31.7
Confused or disoriented residents.	63	63.0	58.7	55.8
Residents with bed sores.	8	8.0	6.2	4.7
Residents receiving special skin care.	13	13.0	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CIRCLE MANOR NURSING HOME

Street Address: 10231 CARROLL PLACE	**City and State:** KENSINGTON MD 20795

Participation: MEDICAID ICF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	88.1	78.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	75	89.3	81.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	65	77.4	68.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	73.8	70.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	92.9	67.0	59.1
Residents on individually written bowel and bladder retraining program.	57	67.9	17.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	38.1	38.2	29.3
Completely bedfast residents.	1	1.2	1.5	3.6
Residents confined to chairs.	36	42.9	44.8	39.1
Residents requiring restraints.	31	36.9	38.5	31.7
Confused or disoriented residents.	73	86.9	58.7	55.8
Residents with bed sores.	7	8.3	6.2	4.7
Residents receiving special skin care.	1	1.2	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENSINGTON NURSING CENTER

Street Address: 3000 MCCOMAS AVE	**City and State:** KENSINGTON MD 20795

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 170	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 164	**Medicare Residents:** 1	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	135	82.3	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	145	88.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	123	75.0	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	79.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	125	76.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	87	53.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	31.1	39.2	37.7
Completely bedfast residents.	3	1.8	3.2	3.4
Residents confined to chairs.	70	42.7	49.8	50.8
Residents requiring restraints.	73	44.5	41.4	41.3
Confused or disoriented residents.	94	57.3	59.3	58.4
Residents with bed sores.	14	8.5	7.5	7.1
Residents receiving special skin care.	90	54.9	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHARLES COUNTY NURSING HOME

Street Address: MD ROUTE 488 P O BOX 1320	**City and State:** LA PLATA MD 20646

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 105	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	82.8	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	80	80.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	80	80.8	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	76.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	68.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	3	3.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	29.3	39.2	37.7
Completely bedfast residents.	1	1.0	3.2	3.4
Residents confined to chairs.	67	67.7	49.8	50.8
Residents requiring restraints.	46	46.5	41.4	41.3
Confused or disoriented residents.	56	56.6	59.3	58.4
Residents with bed sores.	14	14.1	7.5	7.1
Residents receiving special skin care.	20	20.2	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSING CENTER LAPLATA

Street Address: 1 MAGNOLIA DRIVE RT 2		**City and State:** LA PLATA MD 20646	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 149	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	**Medicare Residents:** 2	**Medicaid Residents:** 111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	135	97.1	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	111	79.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	110	79.1	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	73.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	83.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	25.2	39.2	37.7
Completely bedfast residents.	3	2.2	3.2	3.4
Residents confined to chairs.	84	60.4	49.8	50.8
Residents requiring restraints.	57	41.0	41.4	41.3
Confused or disoriented residents.	58	41.7	59.3	58.4
Residents with bed sores.	12	8.6	7.5	7.1
Residents receiving special skin care.	135	97.1	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAGNOLIA GARDENS

Street Address: 8200 GOOD LUCK RD		**City and State:** LANHAM MD 20706	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	97.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	90	90.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	84	84.0	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	74.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	74.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	74	74.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	31.0	39.2	37.7
Completely bedfast residents.	4	4.0	3.2	3.4
Residents confined to chairs.	77	77.0	49.8	50.8
Residents requiring restraints.	64	64.0	41.4	41.3
Confused or disoriented residents.	69	69.0	59.3	58.4
Residents with bed sores.	1	1.0	7.5	7.1
Residents receiving special skin care.	74	74.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREATER LAUREL NURSING HM

Street Address: 14200 LAUREL PARK DRIVE	**City and State:** LAUREL MD 20707

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 177	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 168	**Medicare Residents:** 0	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	163	97.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	149	88.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	150	89.3	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	86.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	69.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	98	58.3	39.2	37.7
Completely bedfast residents.	3	1.8	3.2	3.4
Residents confined to chairs.	120	71.4	49.8	50.8
Residents requiring restraints.	110	65.5	41.4	41.3
Confused or disoriented residents.	115	68.5	59.3	58.4
Residents with bed sores.	13	7.7	7.5	7.1
Residents receiving special skin care.	80	47.6	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARYS NRSG HOME

Street Address: PO BOX 418		**City and State:** LEONARDTOWN MD 20650	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 138	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	98.6	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	69	98.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	69	98.6	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	92.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	97.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	29	41.4	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	80.0	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	55	78.6	49.8	50.8
Residents requiring restraints.	38	54.3	41.4	41.3
Confused or disoriented residents.	46	65.7	59.3	58.4
Residents with bed sores.	10	14.3	7.5	7.1
Residents receiving special skin care.	26	37.1	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAYSIDE NSG CNTR

Street Address: GREAT MILLS RD		**City and State:** LEXINGTON PARK MD 20653	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	93.2	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	110	93.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	108	91.5	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	90.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	107	90.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	48.3	39.2	37.7
Completely bedfast residents.	1	0.8	3.2	3.4
Residents confined to chairs.	92	78.0	49.8	50.8
Residents requiring restraints.	69	58.5	41.4	41.3
Confused or disoriented residents.	76	64.4	59.3	58.4
Residents with bed sores.	17	14.4	7.5	7.1
Residents receiving special skin care.	17	14.4	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EGLE NURSING HOME

Street Address: 55 JACKSON ST	**City and State:** LONACONING MD 21539

Participation: MEDICAID ICF	**# of Beds:** 24	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	87.5	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	22	91.7	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	20	83.3	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	75.0	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	79.2	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	62.5	38.2	29.3
Completely bedfast residents.	4	16.7	1.5	3.6
Residents confined to chairs.	7	29.2	44.8	39.1
Residents requiring restraints.	9	37.5	38.5	31.7
Confused or disoriented residents.	20	83.3	58.7	55.8
Residents with bed sores.	0	0.0	6.2	4.7
Residents receiving special skin care.	2	8.3	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LONG VIEW NURSING HOME

Street Address: 128 N MAIN ST	**City and State:** MANCHESTER MD 21102

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	55	94.8	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	57	98.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	51	87.9	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	86.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	84.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	44.8	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	50	86.2	49.8	50.8
Residents requiring restraints.	30	51.7	41.4	41.3
Confused or disoriented residents.	31	53.4	59.3	58.4
Residents with bed sores.	2	3.4	7.5	7.1
Residents receiving special skin care.	36	62.1	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IVY HALL NURSING + CONV HOME

Street Address: 1300 WINDLASS DR	**City and State:** MIDDLE RIVER MD 21220

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	83.1	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	56	94.9	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	41	69.5	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	69.5	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	78.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	12	20.3	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	34	57.6	38.2	29.3
Completely bedfast residents.	2	3.4	1.5	3.6
Residents confined to chairs.	21	35.6	44.8	39.1
Residents requiring restraints.	32	54.2	38.5	31.7
Confused or disoriented residents.	36	61.0	58.7	55.8
Residents with bed sores.	10	16.9	6.2	4.7
Residents receiving special skin care.	33	55.9	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KNOLLWOOD MANOR INC

Street Address: 899 CECIL AVE PO BOX 408		**City and State:** MILLERSVILLE MD 21108	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	85.1	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	94	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	68	72.3	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	12.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	16	17.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	41.5	39.2	37.7
Completely bedfast residents.	6	6.4	3.2	3.4
Residents confined to chairs.	69	73.4	49.8	50.8
Residents requiring restraints.	51	54.3	41.4	41.3
Confused or disoriented residents.	70	74.5	59.3	58.4
Residents with bed sores.	13	13.8	7.5	7.1
Residents receiving special skin care.	94	100	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT VIEW NSG HM MT AIRY

Street Address: US ROUTE 40		**City and State:** MOUNT AIRY MD 21771	
Participation: MEDICAID ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	0	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	75.7	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	91	88.3	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	65	63.1	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	100	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	57.3	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	36	35.0	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	39	37.9	44.8	39.1
Residents requiring restraints.	33	32.0	38.5	31.7
Confused or disoriented residents.	44	42.7	58.7	55.8
Residents with bed sores.	5	4.9	6.2	4.7
Residents receiving special skin care.	38	36.9	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CUPPETT + WEEKS NURSING HOME

Street Address: 706 E ADLER ST	**City and State:** OAKLAND MD 21550

Participation: MEDICAID ICF	**# of Beds:** 155	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 151	**Medicare Residents:** 0	**Medicaid Residents:** 138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	131	86.8	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	134	88.7	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	105	69.5	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	72.8	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	123	81.5	67.0	59.1
Residents on individually written bowel and bladder retraining program.	1	0.7	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	69	45.7	38.2	29.3
Completely bedfast residents.	2	1.3	1.5	3.6
Residents confined to chairs.	58	38.4	44.8	39.1
Residents requiring restraints.	78	51.7	38.5	31.7
Confused or disoriented residents.	146	96.7	58.7	55.8
Residents with bed sores.	6	4.0	6.2	4.7
Residents receiving special skin care.	29	19.2	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DENNET ROAD MANOR

Street Address: 1113 MARY DRIVE	**City and State:** OAKLAND MD 21550

Participation: MEDICAID ICF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	91.8	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	89	91.8	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	78	80.4	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	97.9	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	66.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	13	13.4	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	51	52.6	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	39	40.2	44.8	39.1
Residents requiring restraints.	60	61.9	38.5	31.7
Confused or disoriented residents.	65	67.0	58.7	55.8
Residents with bed sores.	5	5.2	6.2	4.7
Residents receiving special skin care.	26	26.8	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROOKE GROVE NURSING HOME

Street Address: 18430 BROOKE GROVE RD		**City and State:** OLNEY MD 20832	
Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
90	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	27.8	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	28	31.1	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	22	24.4	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	25.6	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	70.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	12	13.3	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	41	45.6	38.2	29.3
Completely bedfast residents.	1	1.1	1.5	3.6
Residents confined to chairs.	33	36.7	44.8	39.1
Residents requiring restraints.	46	51.1	38.5	31.7
Confused or disoriented residents.	67	74.4	58.7	55.8
Residents with bed sores.	1	1.1	6.2	4.7
Residents receiving special skin care.	32	35.6	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHARON NURSING HOME

Street Address: 18201 MARDEN LANE	**City and State:** OLNEY MD 20832

Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	93.8	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	38	79.2	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	39	81.3	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	50.0	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	68.8	67.0	59.1
Residents on individually written bowel and bladder retraining program.	10	20.8	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	50.0	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	21	43.8	44.8	39.1
Residents requiring restraints.	20	41.7	38.5	31.7
Confused or disoriented residents.	37	77.1	58.7	55.8
Residents with bed sores.	2	4.2	6.2	4.7
Residents receiving special skin care.	25	52.1	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUGSBURG LUTHERAN HOME

Street Address: 6811 CAMPFIELD RD	**City and State:** PIKESVILLE MD 21207

Participation: MEDICAID ICF	**# of Beds:** 101	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	95.8	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	60	63.2	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	44	46.3	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	46.3	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	50.5	67.0	59.1
Residents on individually written bowel and bladder retraining program.	40	42.1	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	21.1	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	17	17.9	44.8	39.1
Residents requiring restraints.	30	31.6	38.5	31.7
Confused or disoriented residents.	40	42.1	58.7	55.8
Residents with bed sores.	4	4.2	6.2	4.7
Residents receiving special skin care.	25	26.3	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIKESVILLE NRSG + CONV CNTR

Street Address: 7 SUDBROOK LANE	**City and State:** PIKESVILLE MD 21208

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 174	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 156	**Medicare Residents:** 1	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	65.4	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	136	87.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	122	78.2	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	83.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	106	67.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	16	10.3	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	29.5	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	52	33.3	49.8	50.8
Residents requiring restraints.	83	53.2	41.4	41.3
Confused or disoriented residents.	63	40.4	59.3	58.4
Residents with bed sores.	13	8.3	7.5	7.1
Residents receiving special skin care.	40	25.6	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARTLEY HALL INC

Street Address: 1006 MARKET ST		**City and State:** POCOMOKE CITY MD 21851	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	100	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	41	82.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	42	84.0	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	74.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	90.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	36.0	39.2	37.7
Completely bedfast residents.	4	8.0	3.2	3.4
Residents confined to chairs.	30	60.0	49.8	50.8
Residents requiring restraints.	30	60.0	41.4	41.3
Confused or disoriented residents.	35	70.0	59.3	58.4
Residents with bed sores.	1	2.0	7.5	7.1
Residents receiving special skin care.	22	44.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALVERT CO NURS CTR

Street Address: RT 2 BOX 274	**City and State:** PRINCE FREDERICK MD 20678

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	90.6	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	86	89.6	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	79	82.3	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	89.6	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	82.3	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	69	71.9	38.2	29.3
Completely bedfast residents.	1	1.0	1.5	3.6
Residents confined to chairs.	46	47.9	44.8	39.1
Residents requiring restraints.	38	39.6	38.5	31.7
Confused or disoriented residents.	67	69.8	58.7	55.8
Residents with bed sores.	5	5.2	6.2	4.7
Residents receiving special skin care.	22	22.9	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALVERT HOUSE CORP

Street Address: RTE 1 BOX 1	**City and State:** PRINCE FREDERICK MD 20678

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	89.8	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	41	83.7	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	45	91.8	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	87.8	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	85.7	67.0	59.1
Residents on individually written bowel and bladder retraining program.	4	8.2	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	36.7	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	8	16.3	44.8	39.1
Residents requiring restraints.	0	0.0	38.5	31.7
Confused or disoriented residents.	13	26.5	58.7	55.8
Residents with bed sores.	0	0.0	6.2	4.7
Residents receiving special skin care.	49	100	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOKIN MANOR

Street Address: RT 3 BOX 10C	**City and State:** PRINCESS ANN MD 21853

Participation: MEDICAID ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	97.5	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	74	92.5	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	65	81.3	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	81.3	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	62.5	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	35	43.8	38.2	29.3
Completely bedfast residents.	1	1.2	1.5	3.6
Residents confined to chairs.	40	50.0	44.8	39.1
Residents requiring restraints.	34	42.5	38.5	31.7
Confused or disoriented residents.	18	22.5	58.7	55.8
Residents with bed sores.	3	3.7	6.2	4.7
Residents receiving special skin care.	48	60.0	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHAPEL HILL CONV HOME

Street Address: 4511 ROBOSSON RD	**City and State:** RANDALLSTOWN MD 21133

Participation: MEDICAID ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	77.1	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	53	75.7	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	46	65.7	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	67.1	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	60.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	31.4	38.2	29.3
Completely bedfast residents.	1	1.4	1.5	3.6
Residents confined to chairs.	16	22.9	44.8	39.1
Residents requiring restraints.	26	37.1	38.5	31.7
Confused or disoriented residents.	35	50.0	58.7	55.8
Residents with bed sores.	9	12.9	6.2	4.7
Residents receiving special skin care.	10	14.3	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NRSG CNTR-RANDALLSTOWN

Street Address: 9109 LIBERTY RD	**City and State:** RANDALLSTOWN MD 21133

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 250	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 232	**Medicare Residents:** 4	**Medicaid Residents:** 138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	192	82.8	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	201	86.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	162	69.8	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	69.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	178	76.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	99	42.7	39.2	37.7
Completely bedfast residents.	7	3.0	3.2	3.4
Residents confined to chairs.	123	53.0	49.8	50.8
Residents requiring restraints.	96	41.4	41.4	41.3
Confused or disoriented residents.	142	61.2	59.3	58.4
Residents with bed sores.	8	3.4	7.5	7.1
Residents receiving special skin care.	65	28.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BENT NRS HOME

Street Address: 12020 REISTERSTOWN RD	**City and State:** REISTERSTOWN MD 21136

Participation: MEDICAID ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	89.4	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	37	78.7	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	26	55.3	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	85.1	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	57.4	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	31.9	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	20	42.6	44.8	39.1
Residents requiring restraints.	20	42.6	38.5	31.7
Confused or disoriented residents.	37	78.7	58.7	55.8
Residents with bed sores.	4	8.5	6.2	4.7
Residents receiving special skin care.	23	48.9	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CALVERT MANOR NRS HOME

Street Address: 1881 TELEGRAPH RD	**City and State:** RISING SUN MD 21911

Participation: MEDICAID ICF	**# of Beds:** 154	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	87.9	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	105	90.5	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	91	78.4	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	80.2	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	83.6	67.0	59.1
Residents on individually written bowel and bladder retraining program.	1	0.9	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	46	39.7	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	57	49.1	44.8	39.1
Residents requiring restraints.	65	56.0	38.5	31.7
Confused or disoriented residents.	83	71.6	58.7	55.8
Residents with bed sores.	2	1.7	6.2	4.7
Residents receiving special skin care.	46	39.7	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLLINGSWOOD NRSG CNTR

Street Address: 299 HURLEY AVE		**City and State:** ROCKVILLE MD 20850	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 159	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
136	3	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	122	89.7	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	122	89.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	104	76.5	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	77.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	69.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	33.8	39.2	37.7
Completely bedfast residents.	1	0.7	3.2	3.4
Residents confined to chairs.	83	61.0	49.8	50.8
Residents requiring restraints.	58	42.6	41.4	41.3
Confused or disoriented residents.	92	67.6	59.3	58.4
Residents with bed sores.	9	6.6	7.5	7.1
Residents receiving special skin care.	16	11.8	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEBREW HOME OF GREATER WASHINGTON

Street Address: 6121 MONTROSE RD	**City and State:** ROCKVILLE MD 20852

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 550	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 519	**Medicare Residents:** 5	**Medicaid Residents:** 335

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	462	89.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	397	76.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	329	63.4	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	333	64.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	337	64.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	56	10.8	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	173	33.3	39.2	37.7
Completely bedfast residents.	4	0.8	3.2	3.4
Residents confined to chairs.	189	36.4	49.8	50.8
Residents requiring restraints.	167	32.2	41.4	41.3
Confused or disoriented residents.	333	64.2	59.3	58.4
Residents with bed sores.	28	5.4	7.5	7.1
Residents receiving special skin care.	128	24.7	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NATIONAL LUTHERAN HM FOR AGED

Street Address: 9701 VIERS DR		**City and State:** ROCKVILLE MD 20850	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 300	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
289	1	173

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	213	73.7	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	190	65.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	151	52.2	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	232	80.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	166	57.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	8	2.8	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	14.9	39.2	37.7
Completely bedfast residents.	36	12.5	3.2	3.4
Residents confined to chairs.	69	23.9	49.8	50.8
Residents requiring restraints.	67	23.2	41.4	41.3
Confused or disoriented residents.	79	27.3	59.3	58.4
Residents with bed sores.	9	3.1	7.5	7.1
Residents receiving special skin care.	49	17.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
POTOMAC VALLEY NURSING HOME

Street Address: 1235 POTOMAC VALLEY ROAD		**City and State:** ROCKVILLE MD 20850	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 171	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
152	6	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	137	90.1	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	132	86.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	113	74.3	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	66.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	76.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	3	2.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	31.6	39.2	37.7
Completely bedfast residents.	3	2.0	3.2	3.4
Residents confined to chairs.	58	38.2	49.8	50.8
Residents requiring restraints.	45	29.6	41.4	41.3
Confused or disoriented residents.	66	43.4	59.3	58.4
Residents with bed sores.	13	8.6	7.5	7.1
Residents receiving special skin care.	33	21.7	31.9	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROCKVILLE NURSING HOME

Street Address: 303 ADCLARE RD	**City and State:** ROCKVILLE MD 20850

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 1	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	98.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	87	87.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	20	20.2	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	73.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	72.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	58	58.6	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	58.6	39.2	37.7
Completely bedfast residents.	2	2.0	3.2	3.4
Residents confined to chairs.	54	54.5	49.8	50.8
Residents requiring restraints.	28	28.3	41.4	41.3
Confused or disoriented residents.	84	84.8	59.3	58.4
Residents with bed sores.	2	2.0	7.5	7.1
Residents receiving special skin care.	63	63.6	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADY GROVE ADVENTIST NRSG HM

Street Address: 9701 MEDICAL CENTER DR		**City and State:** ROCKVILLE MD 20850	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
12	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	100	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	11	91.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	7	58.3	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	50.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	50.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	39.2	37.7
Completely bedfast residents.	1	8.3	3.2	3.4
Residents confined to chairs.	2	16.7	49.8	50.8
Residents requiring restraints.	0	0.0	41.4	41.3
Confused or disoriented residents.	4	33.3	59.3	58.4
Residents with bed sores.	1	8.3	7.5	7.1
Residents receiving special skin care.	1	8.3	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEERS HEAD CENTER COMP CARE

Street Address: PO BOX 2018 EMERSON AVE	**City and State:** SALISBURY MD 21801

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 12	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 9	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	66.7	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	7	77.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	7	77.8	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	66.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	66.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	55.6	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	2	22.2	49.8	50.8
Residents requiring restraints.	5	55.6	41.4	41.3
Confused or disoriented residents.	8	88.9	59.3	58.4
Residents with bed sores.	0	0.0	7.5	7.1
Residents receiving special skin care.	4	44.4	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVER WALK MANOR

Street Address: TIMES SQ DIVISION ST	**City and State:** SALISBURY MD 21801

Participation: MEDICAID ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	**Medicare Residents:** 0	**Medicaid Residents:** 132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	126	88.1	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	119	83.2	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	96	67.1	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	67.8	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	67.1	67.0	59.1
Residents on individually written bowel and bladder retraining program.	2	1.4	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	61	42.7	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	62	43.4	44.8	39.1
Residents requiring restraints.	68	47.6	38.5	31.7
Confused or disoriented residents.	84	58.7	58.7	55.8
Residents with bed sores.	26	18.2	6.2	4.7
Residents receiving special skin care.	71	49.7	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SALISBURY NRSG HM

Street Address: US 50 AT CIVIC AVE	**City and State:** SALISBURY MD 21801

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 358	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 324	**Medicare Residents:** 0	**Medicaid Residents:** 190

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	256	79.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	278	85.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	231	71.3	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	248	76.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	223	68.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	4	1.2	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	83	25.6	39.2	37.7
Completely bedfast residents.	7	2.2	3.2	3.4
Residents confined to chairs.	132	40.7	49.8	50.8
Residents requiring restraints.	105	32.4	41.4	41.3
Confused or disoriented residents.	164	50.6	59.3	58.4
Residents with bed sores.	11	3.4	7.5	7.1
Residents receiving special skin care.	61	18.8	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WICOMICO NSG HOME

Street Address: BOOTH ST POB 2378	**City and State:** SALISBURY MD 21801

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	21.5	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	66	83.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	57	72.2	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	79.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	57.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	19.0	39.2	37.7
Completely bedfast residents.	1	1.3	3.2	3.4
Residents confined to chairs.	38	48.1	49.8	50.8
Residents requiring restraints.	37	46.8	41.4	41.3
Confused or disoriented residents.	42	53.2	59.3	58.4
Residents with bed sores.	8	10.1	7.5	7.1
Residents receiving special skin care.	40	50.6	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDS NURSING HOME

Street Address: 17340 QUAKER LANE		**City and State:** SANDY SPRING MD 20860	
Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	69.2	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	52	66.7	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	44	56.4	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	43.6	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	74.4	67.0	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	30.8	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	14	17.9	44.8	39.1
Residents requiring restraints.	37	47.4	38.5	31.7
Confused or disoriented residents.	61	78.2	58.7	55.8
Residents with bed sores.	3	3.8	6.2	4.7
Residents receiving special skin care.	2	2.6	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSG CTR SEVERNA PARK

Street Address: 24 TRUCKHOUSE ROAD	**City and State:** SEVERNA PARK MD 21146

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 141	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	**Medicare Residents:** 2	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	83.6	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	132	94.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	109	77.9	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	67.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	106	75.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	3	2.1	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	26.4	39.2	37.7
Completely bedfast residents.	1	0.7	3.2	3.4
Residents confined to chairs.	62	44.3	49.8	50.8
Residents requiring restraints.	8	5.7	41.4	41.3
Confused or disoriented residents.	80	57.1	59.3	58.4
Residents with bed sores.	5	3.6	7.5	7.1
Residents receiving special skin care.	13	9.3	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEL PRE HLTH CTR

Street Address: 2601 BEL PRE ROAD		**City and State:** SILVER SPRING MD 20906	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	62.8	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	63	67.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	59	62.8	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	85.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	50.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	22.3	39.2	37.7
Completely bedfast residents.	1	1.1	3.2	3.4
Residents confined to chairs.	42	44.7	49.8	50.8
Residents requiring restraints.	26	27.7	41.4	41.3
Confused or disoriented residents.	63	67.0	59.3	58.4
Residents with bed sores.	8	8.5	7.5	7.1
Residents receiving special skin care.	4	4.3	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARRIAGE HILL NRSG + CONV CNTR

Street Address: 9101 2ND AVE	**City and State:** SILVER SPRING MD 20910

Participation: MEDICARE SNF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	67.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	77	81.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	72	76.6	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	60.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	72.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	45.7	39.2	37.7
Completely bedfast residents.	1	1.1	3.2	3.4
Residents confined to chairs.	23	24.5	49.8	50.8
Residents requiring restraints.	30	31.9	41.4	41.3
Confused or disoriented residents.	57	60.6	59.3	58.4
Residents with bed sores.	9	9.6	7.5	7.1
Residents receiving special skin care.	15	16.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHEVY CHASE NURS+CONV C

Street Address: 2015 EAST-WEST HWY		**City and State:** SILVER SPRING MD 20910	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	9	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	58.9	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	48	85.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	46	82.1	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	66.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	67.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	4	7.1	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	50.0	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	38	67.9	49.8	50.8
Residents requiring restraints.	18	32.1	41.4	41.3
Confused or disoriented residents.	31	55.4	59.3	58.4
Residents with bed sores.	10	17.9	7.5	7.1
Residents receiving special skin care.	0	0.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL VILLA NRSG HM

Street Address: 12325 NEW HAMPSHIRE AVE	**City and State:** SILVER SPRING MD 20904

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 1	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	98.8	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	69	81.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	61	71.8	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	76.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	71.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	12	14.1	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	40.0	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	49	57.6	49.8	50.8
Residents requiring restraints.	37	43.5	41.4	41.3
Confused or disoriented residents.	50	58.8	59.3	58.4
Residents with bed sores.	3	3.5	7.5	7.1
Residents receiving special skin care.	2	2.4	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRLAND NURSING HOME

Street Address: 2101 FAIRLAND ROAD	**City and State:** SILVER SPRING MD 20904

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 1	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	51.2	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	71	86.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	54	65.9	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	67.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	53.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	51.2	39.2	37.7
Completely bedfast residents.	1	1.2	3.2	3.4
Residents confined to chairs.	38	46.3	49.8	50.8
Residents requiring restraints.	40	48.8	41.4	41.3
Confused or disoriented residents.	60	73.2	59.3	58.4
Residents with bed sores.	5	6.1	7.5	7.1
Residents receiving special skin care.	34	41.5	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NSG + REHAB CTR

Street Address: 3227 BEL PRE RD	**City and State:** SILVER SPRING MD 20906

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 13	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	100	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	13	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	13	100	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	76.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	92.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	76.9	39.2	37.7
Completely bedfast residents.	9	69.2	3.2	3.4
Residents confined to chairs.	2	15.4	49.8	50.8
Residents requiring restraints.	0	0.0	41.4	41.3
Confused or disoriented residents.	10	76.9	59.3	58.4
Residents with bed sores.	0	0.0	7.5	7.1
Residents receiving special skin care.	3	23.1	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SYLVAN MANOR HLTH CARE CTR

Street Address: 2700 BARKER ST		**City and State:** SILVER SPRING MD 20907	
Participation: MEDICAID ICF	**# of Beds:** 138	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 129	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	125	96.9	78.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	110	85.3	81.5	76.7
Toileting				
Residents requiring some or total assistance in toileting.	99	76.7	68.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	78.3	70.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	61.2	67.0	59.1
Residents on individually written bowel and bladder retraining program.	15	11.6	17.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	43.4	38.2	29.3
Completely bedfast residents.	2	1.6	1.5	3.6
Residents confined to chairs.	42	32.6	44.8	39.1
Residents requiring restraints.	27	20.9	38.5	31.7
Confused or disoriented residents.	92	71.3	58.7	55.8
Residents with bed sores.	0	0.0	6.2	4.7
Residents receiving special skin care.	34	26.4	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARRISON HOUSE

Street Address: 430 W MARKET ST		**City and State:** SNOW HILL MD 21863	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	78.6	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	48	85.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	39	69.6	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	73.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	64.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	39.3	39.2	37.7
Completely bedfast residents.	3	5.4	3.2	3.4
Residents confined to chairs.	34	60.7	49.8	50.8
Residents requiring restraints.	20	35.7	41.4	41.3
Confused or disoriented residents.	10	17.9	59.3	58.4
Residents with bed sores.	0	0.0	7.5	7.1
Residents receiving special skin care.	56	100	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRHAVEN

Street Address: 7200 THIRD AVENUE	**City and State:** SYKESVILLE MD 21784

Participation: MEDICARE SNF	**# of Beds:** 109	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	72.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	88	82.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	63	58.9	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	69.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	60.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	21	19.6	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	26.2	39.2	37.7
Completely bedfast residents.	2	1.9	3.2	3.4
Residents confined to chairs.	38	35.5	49.8	50.8
Residents requiring restraints.	30	28.0	41.4	41.3
Confused or disoriented residents.	66	61.7	59.3	58.4
Residents with bed sores.	0	0.0	7.5	7.1
Residents receiving special skin care.	39	36.4	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN AGE GUEST HOME

Street Address: ROUTE 2 BUCKHORN RD		**City and State:** SYKESVILLE MD 21784	
Participation: MEDICAID ICF	**# of Beds:** 20	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
18	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	100	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	14	77.8	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	14	77.8	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	55.6	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	66.7	67.0	59.1
Residents on individually written bowel and bladder retraining program.	8	44.4	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	38.9	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	4	22.2	44.8	39.1
Residents requiring restraints.	9	50.0	38.5	31.7
Confused or disoriented residents.	12	66.7	58.7	55.8
Residents with bed sores.	1	5.6	6.2	4.7
Residents receiving special skin care.	5	27.8	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SYKESVILLE ELDERCARE CENTER

Street Address: 7312 FIRST AVENUE		**City and State:** SYKESVILLE MD 21784	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 235	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 128	**Medicare Residents:** 1	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	68.8	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	103	80.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	93	72.7	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	71.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	68.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	3	2.3	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	37.5	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	98	76.6	49.8	50.8
Residents requiring restraints.	51	39.8	41.4	41.3
Confused or disoriented residents.	69	53.9	59.3	58.4
Residents with bed sores.	13	10.2	7.5	7.1
Residents receiving special skin care.	51	39.8	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HEALTH CARE CENTER

Street Address: 7525 CARROLL AVE	**City and State:** TAKOMA PARK MD 20012

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 7	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	91.8	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	93	94.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	86	87.8	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	79.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	88.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	10	10.2	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	51.0	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	31	31.6	49.8	50.8
Residents requiring restraints.	48	49.0	41.4	41.3
Confused or disoriented residents.	95	96.9	59.3	58.4
Residents with bed sores.	5	5.1	7.5	7.1
Residents receiving special skin care.	82	83.7	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DULANEY TOWSON NSG CONV HOME

Street Address: 111 WEST RD	**City and State:** TOWSON MD 21204

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 151	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	**Medicare Residents:** 0	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	129	90.2	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	133	93.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	97	67.8	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	70.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	108	75.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	25.2	39.2	37.7
Completely bedfast residents.	5	3.5	3.2	3.4
Residents confined to chairs.	77	53.8	49.8	50.8
Residents requiring restraints.	48	33.6	41.4	41.3
Confused or disoriented residents.	132	92.3	59.3	58.4
Residents with bed sores.	12	8.4	7.5	7.1
Residents receiving special skin care.	40	28.0	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLY HILL MANOR NURSING HOME

Street Address: 531 STEVENSON LA	**City and State:** TOWSON MD 21204

Participation: MEDICAID ICF	**# of Beds:** 55	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	100	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	51	98.1	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	42	80.8	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	84.6	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	65.4	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	26	50.0	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	8	15.4	44.8	39.1
Residents requiring restraints.	32	61.5	38.5	31.7
Confused or disoriented residents.	41	78.8	58.7	55.8
Residents with bed sores.	3	5.8	6.2	4.7
Residents receiving special skin care.	0	0.0	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR CARE-RUXTON

Street Address: 7001 NORTH CHARLES STREET	**City and State:** TOWSON MD 21204

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	212	PROPRIETARY	07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
198	6	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	120	60.6	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	185	93.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	157	79.3	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	156	78.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	157	79.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	8	4.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	81	40.9	39.2	37.7
Completely bedfast residents.	2	1.0	3.2	3.4
Residents confined to chairs.	102	51.5	49.8	50.8
Residents requiring restraints.	97	49.0	41.4	41.3
Confused or disoriented residents.	134	67.7	59.3	58.4
Residents with bed sores.	16	8.1	7.5	7.1
Residents receiving special skin care.	80	40.4	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE-TOWSON

Street Address: 509 E JOPPA RD		**City and State:** TOWSON MD 21204	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	75.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	104	83.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	77	62.1	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	84.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	60.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	18	14.5	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	22.6	39.2	37.7
Completely bedfast residents.	2	1.6	3.2	3.4
Residents confined to chairs.	57	46.0	49.8	50.8
Residents requiring restraints.	36	29.0	41.4	41.3
Confused or disoriented residents.	74	59.7	59.3	58.4
Residents with bed sores.	3	2.4	7.5	7.1
Residents receiving special skin care.	30	24.2	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MULTI-MEDICAL CONV NRSG CTR

Street Address: 7700 YORK RD	**City and State:** TOWSON MD 21204

Participation: MEDICARE SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 9	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	69.3	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	59	78.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	55	73.3	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	74.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	52.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	7	9.3	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	13.3	39.2	37.7
Completely bedfast residents.	2	2.7	3.2	3.4
Residents confined to chairs.	32	42.7	49.8	50.8
Residents requiring restraints.	40	53.3	41.4	41.3
Confused or disoriented residents.	41	54.7	59.3	58.4
Residents with bed sores.	2	2.7	7.5	7.1
Residents receiving special skin care.	22	29.3	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PICKERSGILL HOME

Street Address: 615 CHESTNUT LANE	**City and State:** TOWSON MD 21204

Participation: MEDICAID ICF	**# of Beds:** 169	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	83.8	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	38	55.9	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	30	44.1	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	54.4	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	50.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	23	33.8	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	16.2	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	12	17.6	44.8	39.1
Residents requiring restraints.	7	10.3	38.5	31.7
Confused or disoriented residents.	38	55.9	58.7	55.8
Residents with bed sores.	3	4.4	6.2	4.7
Residents receiving special skin care.	29	42.6	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STELLA MARIS HOSP

Street Address: 2300 DULANEY VALLEY RD	**City and State:** TOWSON MD 21204

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 438	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 398	**Medicare Residents:** 1	**Medicaid Residents:** 205

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	271	68.1	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	269	67.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	235	59.0	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	352	88.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	251	63.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	74	18.6	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	114	28.6	39.2	37.7
Completely bedfast residents.	7	1.8	3.2	3.4
Residents confined to chairs.	216	54.3	49.8	50.8
Residents requiring restraints.	162	40.7	41.4	41.3
Confused or disoriented residents.	211	53.0	59.3	58.4
Residents with bed sores.	9	2.3	7.5	7.1
Residents receiving special skin care.	184	46.2	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOWSON CONV HOME

Street Address: 301 W CHESAPEAKE AVE	**City and State:** TOWSON MD 21204

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	76.7	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	24	80.0	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	22	73.3	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	66.7	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	60.0	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	30.0	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	8	26.7	44.8	39.1
Residents requiring restraints.	8	26.7	38.5	31.7
Confused or disoriented residents.	13	43.3	58.7	55.8
Residents with bed sores.	2	6.7	6.2	4.7
Residents receiving special skin care.	0	0.0	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE OF LARGO

Street Address: 600 LARGO RD RT 202	**City and State:** UPPER MARLBORO MD 20772

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 3	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	88.1	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	94	86.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	90	82.6	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	88.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	78.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	29	26.6	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	27.5	39.2	37.7
Completely bedfast residents.	3	2.8	3.2	3.4
Residents confined to chairs.	57	52.3	49.8	50.8
Residents requiring restraints.	55	50.5	41.4	41.3
Confused or disoriented residents.	71	65.1	59.3	58.4
Residents with bed sores.	4	3.7	7.5	7.1
Residents receiving special skin care.	17	15.6	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORAN MANOR NSG HM

Street Address: 200 CLAYTON AVE		**City and State:** WESTERNPORT MD 21562	
Participation: MEDICAID ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
123	0	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	39.8	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	110	89.4	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	86	69.9	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	65.0	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	44.7	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	26	21.1	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	53	43.1	44.8	39.1
Residents requiring restraints.	55	44.7	38.5	31.7
Confused or disoriented residents.	65	52.8	58.7	55.8
Residents with bed sores.	9	7.3	6.2	4.7
Residents receiving special skin care.	32	26.0	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARROLL LUTHERAN VILLAGE

Street Address: 200 ST LUKES CIRCLE	**City and State:** WESTMINSTER MD 21157

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	69.4	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	68	69.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	58	59.2	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	59.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	55.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	24	24.5	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	20.4	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	22	22.4	49.8	50.8
Residents requiring restraints.	42	42.9	41.4	41.3
Confused or disoriented residents.	33	33.7	59.3	58.4
Residents with bed sores.	10	10.2	7.5	7.1
Residents receiving special skin care.	22	22.4	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTMINSTER VILLA NURSING CTR

Street Address: 1234 WASHINGTON BLVD	**City and State:** WESTMINSTER MD 21157

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 170	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 168	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	69.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	139	82.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	119	70.8	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	69.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	120	71.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	10	6.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	35.1	39.2	37.7
Completely bedfast residents.	1	0.6	3.2	3.4
Residents confined to chairs.	68	40.5	49.8	50.8
Residents requiring restraints.	84	50.0	41.4	41.3
Confused or disoriented residents.	81	48.2	59.3	58.4
Residents with bed sores.	40	23.8	7.5	7.1
Residents receiving special skin care.	40	23.8	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE-WHEATON

Street Address: 11901 GEORGIA AVE	**City and State:** WHEATON MD 20902

Participation: MEDICARE SNF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	**Medicare Residents:** 4	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	50.0	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	22	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	12	54.5	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	86.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	81.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	63.6	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	22	100	49.8	50.8
Residents requiring restraints.	22	100	41.4	41.3
Confused or disoriented residents.	22	100	59.3	58.4
Residents with bed sores.	6	27.3	7.5	7.1
Residents receiving special skin care.	22	100	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RANDOLPH HILLS NURSING HOME

Street Address: 4011 RANDOLPH RD	**City and State:** WHEATON MD 20902

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 95	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	80.2	81.7	81.5
Dressing Residents requiring some or total assistance in dressing.	78	85.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	68	74.7	73.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	98.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	71.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	23	25.3	7.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	51.6	39.2	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	33	36.3	49.8	50.8
Residents requiring restraints.	38	41.8	41.4	41.3
Confused or disoriented residents.	56	61.5	59.3	58.4
Residents with bed sores.	2	2.2	7.5	7.1
Residents receiving special skin care.	11	12.1	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNIVERSITY NURSING HOME

Street Address: 901 ARCOLA AVE	**City and State:** WHEATON MD 20902

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 159	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	**Medicare Residents:** 2	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	82.9	81.7	81.5
Dressing				
Residents requiring some or total assistance in dressing.	125	85.6	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	116	79.5	73.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	78.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	70.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	7.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	32.9	39.2	37.7
Completely bedfast residents.	1	0.7	3.2	3.4
Residents confined to chairs.	90	61.6	49.8	50.8
Residents requiring restraints.	47	32.2	41.4	41.3
Confused or disoriented residents.	69	47.3	59.3	58.4
Residents with bed sores.	17	11.6	7.5	7.1
Residents receiving special skin care.	117	80.1	31.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	5.1	518	5.5
Each resident is free from mental and physical abuse.	MET	3	2.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	17	14.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	4.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	13	11.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	7.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	11.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	0.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	12.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	22	18.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	16.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	23	19.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	22	18.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	12.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	4.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	6.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	10	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	17.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	14	12.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	14	12.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMEWOOD RETIREMENT CTR

Street Address: 2750 VIRGINIA AVE	**City and State:** WILLIAMSPORT MD 21795

Participation: MEDICAID ICF	**# of Beds:** 145	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	66.0	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	77	79.4	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	55	56.7	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	51.5	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	75.3	67.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	50	51.5	38.2	29.3
Completely bedfast residents.	0	0.0	1.5	3.6
Residents confined to chairs.	43	44.3	44.8	39.1
Residents requiring restraints.	34	35.1	38.5	31.7
Confused or disoriented residents.	38	39.2	58.7	55.8
Residents with bed sores.	5	5.2	6.2	4.7
Residents receiving special skin care.	21	21.6	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLIAMSPORT NURSING HOME

Street Address: 154 N ARTIZAN ST	**City and State:** WILLIAMSPORT MD 21795

Participation: MEDICAID ICF	**# of Beds:** 97	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	93.4	78.1	78.3
Dressing Residents requiring some or total assistance in dressing.	85	93.4	81.5	76.7
Toileting Residents requiring some or total assistance in toileting.	63	69.2	68.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	84.6	70.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	73.6	67.0	59.1
Residents on individually written bowel and bladder retraining program.	3	3.3	17.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	39	42.9	38.2	29.3
Completely bedfast residents.	1	1.1	1.5	3.6
Residents confined to chairs.	39	42.9	44.8	39.1
Residents requiring restraints.	41	45.1	38.5	31.7
Confused or disoriented residents.	56	61.5	58.7	55.8
Residents with bed sores.	0	0.0	6.2	4.7
Residents receiving special skin care.	12	13.2	25.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	6.2	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	8.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	4.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	2.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	4.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	12	14.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	8.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	13.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	15	18.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.2	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	3.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	19	23.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	6.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	23	28.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	12.3	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

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